Clinical Lecture
ON
PARACENTESIS PERICARDII.

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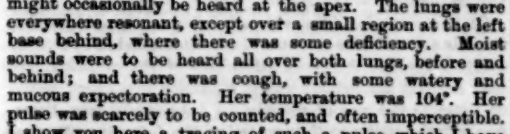
GENTLEMEN,—It is now two years and a half since I advised the operation of paracentesis pericardii in the case of a patient in the Leeds Infirmary who was at the point of death from effusion into the pericardium. The case was an acute one, and the operation was brilliantly successful, if I may be allowed to say so. The particulars were published in the *Medical Times* for Nov. 3rd, 1866; and Mr. Wheelhouse, who operated for me, also read a paper on the case to the Surgical Section of the British Medical Association at its last meeting. I shall now describe to you, and comment upon, an unsuccessful case of the same kind, in which Mr. Teale twice operated for me.

On the 29th of April last I was urgently called to see Miss H——, a patient of Mr. Mann's, who was suffering from pericarditis. Mr. Mann had been called to her but a short time previously. The patient, a weakly girl, twenty-seven years old, had been suffering from slight rheumatic pains for some days; medical advice had not been sought, and Mr. Mann, on his arrival, found that pericarditis had silently crept on, and that the patient was in much danger; the pains in the limbs had almost entirely and rather suddenly ceased. At the time of my visit, I found the patient suffering from what Jaccoud has well called the "paralytic form" of pericarditis. The girl was crouched on her left side, her face was deadly pale, very anxious, and covered with a cold sweat: her lips bloodless, her hands and feet cold, her respirations 90 in the minute, and there was some tendency to agitation. She clutched at the left breast, and complained of dreadful oppression at that part. On examining the chest as much as I dare, I was able to verify Mr. Mann's diagnosis, and to ascertain that the pericardium was greatly distended with fluid. There was evidence also of mitral regurgitation, for the first sound of the heart was quite inaudible and a faint blowing murmur synchronous with the systole might occasionally be heard at the apex. The lungs were everywhere resonant, except over a small region at the left base behind, where there was some deficiency. Moist sounds were to be heard all over both lungs, before and behind; and there was cough, with some watery and mucous expectoration. Her temperature was 104°. Her pulse was scarcely to be counted, and often imperceptible. I show you here a tracing of such a pulse, which I have borrowed from Marey's work on the Sphygmograph, and which was taken from a case very similar to our own.



It was quite clear that we had to deal with a very dangerous form of pericarditis: a form which, like some forms of pleurisy, runs silently and quickly to effusion, rather than to coagulating and organising exudation; a form, moreover, which, from the tendency to syncope from failure of the heart's action, has, I say, been named "paralytic." The patient was reduced indeed, to use Mr. Teale's happy parallel, to the state of one labouring under embolism of the pulmonary artery. There was the same deficiency of blood-supply to the lungs, the same congestion of the venous side with evidence of general pulmonary œdema, the same distress, and the same symptoms of poisoning by carbonic acid. I explained to Mr. Mann the operation I felt inclined to advise, but I shrank, more than I now should do, from having it performed at once. I did not expect the girl would live through the night; and, in any case, I was disposed, before operating, to try to restore her a little by cordial and supporting treatment. I said that if she survived the night I should counsel the operation. Mr. Mann most generously placed himself and his patient in my hands, to call in Mr. Wheelhouse, or do as I thought fit. The following day we found the patient with a little better force and better pulse. She had taken fairly of whisky punch, and some food. Her pulse was 180; her temperature 104°; and there were the same symptoms of failing heart's action and of lung-oppression. We were now able to examine the chest carefully, and meanwhile we sent for Mr. Wheelhouse. On examining the chest in front, we found dulness extending upwards to the second rib fully, and to the first rib partially, on the left side. It extended laterally to the right sternal border on the one side, and downwards and outwards towards the axillary line on the other. Below, it reached a line drawn from the epigastrium to the axillary line. The dull space formed a triangle, of which this last formed the base line, while the blunt apex of it lay a little to the right of the middle point of the left collar-bone. The upper half of the dull space lightened up a little on inspiration, and was deadened again when the lung receded on expiration. The most complete dulness was from the root of the great vessels up to the heart's apex. A very distinct friction-sound could be heard over most of this space, and the apex-beat of the heart could be felt. The apex was displaced a little downwards and to the left, but was well within the base line of the dull triangle. The diaphragm was probably depressed, but neither spleen nor liver were much displaced. The apex moved a little to the left with that position of the patient—a sign which, at the time, I believed, in obedience to the statement of Oppolzer, to be diagnostic of pericardial effusion.* I find, however, Gerhardt has shown,† that in healthy persons the apex-beat may travel about two centimetres to the left when the position is changed to the left side. I had been accustomed to believe also that a full friction-sound could scarcely persist when effusion was in quantity. In our case, however, nothing could be clearer than this, that the apex was distinctly to be felt, and the rubbing to be heard, and even felt also, while at the same time there was as certainly a great effusion. On looking up this point, I find that Oppolzer‡ describes the initiatory rub, the separation of the parts by effusion, and the returning rub during absorption, without any qualification. Niemeyer, however, says that the rubbing sounds are not only heard when the effusion is small in quantity, but also when it is considerable. ("Sondern kommen auch bei sehr copiöser Ansammlung von Flüssigkeit im Perikardium vor."§) So that the presence of extensive friction did not, and rightly did not, prevent my urging the operation. The heart sounds themselves were as the day before; the first being replaced by an exceedingly distant murmur, the second being audible, but distant. The feebleness of the heart, and the consequent syncopic tendency and lung mischief, were so great, that I believed myocarditis, or even fatty degeneration of the heart's tissue, as described in pericarditis by Virchow, was present. On examining the lungs behind we found moist sounds everywhere, and resonance everywhere save at the left base, where the lung had been partially emptied by the pressure of the distended pericardium. Here air but partially entered the lung. When we had made these examinations Mr. Teale arrived, whose aid, in Mr. Wheelhouse's absence, we had fortunately secured. He agreed in our diagnosis, and willingly undertook the operation. The breathing before the operation was 84 in the minute, very shallow and anxious. The pulse was at least 180, and of miserable quality; the temperature 104°·5, and the oppression very great. Mr. Teale operated (at 5.10 P.M.) with a fine exploring trocar (No. 1, Weiss), as Mr. Wheelhouse had done. He inserted it in the fifth interspace, about an inch from the left border of the sternum, and thrust the point upwards and inwards until it touched the heart. He then sheathed the point, and pushed the canula well home, until the heart jerked it sharply to and fro. The trocar was then withdrawn, and serum began to escape. The canula now slipped a little, and the flow ceased, so that Mr. Teale was obliged to reinsert the trocar, to carry the canula home again; it was then held in place. The fluid—a straw-coloured serum—flowed again now,

* Oppolzer, Vorlesungen, Bd. i., Lief. i., pp. 12, 13.
† Vid. Niemeyer, Lehrbuch, i., 432.
‡ Oppolzer, loc. cit., p. 13.
§ Niemeyer, loc. cit., p. 433.

escaping rather with the impulse of the lung than of the heart. The flow, at first trickling, became more rapid as the lungs were able to expand, and change of position only seemed to aid the flow so far as it aided respiration. About five ounces of fluid was drawn off, which rather presented the characters of the fluid of hydro-pericardium than of acute pericarditis. In my former case the fluid was more of a pinkish than of a straw-coloured serum, and mostly coagulated after withdrawal. The operation gave our patient much relief. The breathing became much deeper and more tranquil, and settled down to 68 in the minute; the pulse gained volume wonderfully, and came down to 130; the temperature was still 104°. The facial expression improved greatly, the wrinkles smoothing, and the alæ nasi sinking. The patient was able to recline more easily, and she told us repeatedly how much she was relieved. We put a large poultice over the region of the heart, and administered a dose of morphia. On the next day I met Mr. Teale at the house, Mr. Mann being engaged elsewhere. We found the præcordial oppression still much diminished, and the aspect much less anxious. We regretted to find, however, that the lungs were not only œdematous, but fully bronchitic, for both small and large moist sounds were generally audible, and the temperature remained at 104°. It was but too clear to us that she could not survive. On examining the heart, we found the area of dulness much diminished, presenting, as it did immediately after the operation, less than half its former extent. There was a tympanitic sound over the root of the heart, occupying the space of about a shilling, showing, to our great regret, that air had entered the sac. No air had entered in my previous case with the same operation. The bubble, however, was evidently small, and there was no "water-wheel" sound to be heard with the stethoscope. A louder friction-sound was audible, and the systolic murmur was much more plain. We ordered turpentine applications to the chest, back and front, ammonia, stimulants, and supporting diet—which latter, by the way, had been much better borne since the relief of the pressure on the stomach.* The following day, Mr. Teale, Mr. Mann, and myself found the poor girl very much worse—in the state, indeed, in which I found her on my first visit. The pericardium had refilled to its former size, and with the effusion had returned the oppression, the anxiety, the shallow breathing, the almost imperceptible fluttering pulse, the cold extremities, and impending syncope. Friction-sound was still distinctly audible, though less loud and less extensive. We felt that, although the bronchitis continued, yet this state was due in great part to the renewed effusion, and we did not therefore shrink from advising a repetition of the operation. The girl and her friends were willing to have the relief again. The breathing was now 78; the pulse uncountable and fluttering; the temperature 104·5°. Mr. Teale drew off this time six ounces of serum, which had a yellow look, and was no doubt slightly turbid with pus. Considerable relief was obtained, though less, of course, than before; and after the operation the breathing was 68, the pulse being 140 and very much improved in volume. Still the relief was too clearly but temporary, and the patient died in the night of bronchitis and carbonic acid poisoning. A time was fixed for an autopsy, with consent of the friends; but on our arriving at the house, we found the mother in such distress that we did not think it right to press the matter. Greatly disappointed as we were, we were obliged to remember that science is only justified in humanity.

From this most interesting case, gentlemen, we learn again that tapping the pericardium is a very simple operation if performed with a fine trocar, as was done first by Aran. The operation with the bistoury as practised by Trousseau seems to me, upon his own showing, to have been a bungle, while his objections to the trocar are inconclusive.† That the heart is so delicate an organ that the mere contact of an instrument is sufficient to injure it, is a baseless superstition. Many cases are on record in which recovery has followed wounds of the heart and pericardium. So far as pain is concerned, Dr. Georges Fischer, in his recent essay on Wounds of the Heart and Pericardium (reviewed in the May number of the *Archives Générales de Médecine*, p. 618) supports the opinion of Harvey, Ollenroth, and Bamberger, that the heart is insensible. Mr. Mann tells me also that he once saw the chest-wall and pericardium slit open and the heart exposed by a suicidal maniac, so that the heart could be touched, and was repeatedly touched, with the finger. The touch was painless, and the lunatic recovered, in spite of the wound and the explorations. The introduction of air into the pericardium is, however, to be carefully avoided; and on the next occasion of this kind I should advise the connexion of the canula with an india-rubber tube, so that the effusion may be allowed to escape under water. The refilling of the sac in this case, occurring in a weakly and probably tubercular girl, with the absence of refilling in my former acute case, occurring in a healthy man,—this, and the contrast between the fluids removed, show, as we should expect, that the operation is more hopeful in frankly rheumatic cases than in cases which, however rapid, border rather upon hydro-pericardium. The ready emptying of the sac by expansion of the lung and ascent of the diaphragm in both cases is interesting, and removes Oppolzer's objection to the operation; which is, that the sac, having no elasticity, and being placed in the unyielding chest-cavity, cannot be properly emptied, or if emptied will refill. Experience shows, first of all, that even the removal of a small quantity of the effusion may give astonishing relief, and, by releasing the vessels, may allow of quicker re-absorption; and, secondly, that non-adhesion and refilling depend rather upon the tubercular diathesis* or low vitality of the patient than upon the mechanical conditions of the parts.

* There was none of the difficulty of swallowing noticed in such cases by Stokes. Vomiting there had been.

† Clinique de l'Hôtel Dieu, vol. i.: lecture on Paracentesis Pericardii.

OBSERVATIONS ON THE REFORM OF MEDICAL EDUCATION.

By PROFESSOR SYME.

Of late years there has been a growing conviction that medical education is not what it ought to be; and it was, no doubt, under this impression that the Medical Council last year appointed a committee to inquire into the subject by obtaining the opinions and experience of gentlemen engaged in teaching the various departments of medical science. The information thus obtained has now been printed, and a report is in preparation by the Committee containing proposals suggested by this evidence, which it will be the duty of the Medical Council to consider.

On the perusal of this evidence, it has occurred to me that there is some chance that the Committee, guided by it, may overlook some of the great difficulties of the question, and may suggest alterations which, if carried into effect, would do little in the way of remedy. I take the liberty, therefore, of submitting to the profession the following observations.

During the last half-century there has been an immense development in all the departments of medical science, while the period of professional study has remained very nearly, if not quite, the same as it was previously. The consequence is, that what was formerly attained through real learning or mental appropriation on the part of a student has now for its substitute a process of cramming, or, as it is called, teaching, which, being merely an affair of memory, suffices for nothing more than the purpose of passing examinations, and is apt to leave little or no permanent advantage. Such being the case, it is obvious that merely changing the order in which the departments of study are now taken, or splitting them so as to add to their number, would hardly accomplish the object in view, which is, to increase the proportion of time for real study.

For this purpose there are only two modes of procedure open for adoption: one of these being to lengthen the periods of education, say from three or four to eight or ten years; while the other is to limit the extent of information to be required from candidates in each department of their studies, whether for obtaining a licence or degree. The first of these plans is so beset with inconvenience that it may safely be deemed impracticable; while the second, although at first

* See on this point also Trousseau's lecture on Paracentesis Pericardii.

sight probably appearing injurious and retrogressive, may nevertheless, when more carefully considered, be found, not only to be free from objection, but to promise much advantage.

When the real object of medical education is kept in view, it does not seem desirable that the students should be thorough chemists, anatomists, or physiologists; all that is required being that they should possess a sufficient acquaintance with these subjects for the practice of their profession. But it is well known that every teacher now considers it his duty to go over all that he knows of the subject committed to his charge, just as if his pupils had no other claim on their attention, either at present or in prospect; while, if the same teacher has to examine them, they must cram their memories with answers to his questions, instead of assimilating, or really learning, any true knowledge of the subject.

In these circumstances, as it is obviously impossible to circumscribe teachers within prescribed limits, the most effectual plan would seem to be, providing a catechism for each subject, containing questions merely to the extent of the information necessary for medical students. For the construction of these books committees of the Medical Council might be formed, who, together with teachers of recognised repute, could discharge the important duty thus proposed.

In addition to the advantages that would proceed directly from such a plan, there is another, of no small importance, that may be mentioned, which is, the prevention of students being examined mainly by their own teachers, especially by those who let it be known that they will require the answers to their questions to be in strict conformity with the views expressed in their lectures. It is well known that when such is the case students will frequently attend lectures without any expectation of benefit, and merely to propitiate their examiners.

There is still another advantage that would result from the plan just proposed, which is, putting an end to the baneful system of certificates for attendance. At no very distant period evidence of attendance was not required at all; and having had some connexion with its establishment, I may relate the circumstances that led to it so far as I am concerned. Before my appointment to the chair of Clinical Surgery in the University of Edinburgh, and while still an extra-academic lecturer, I had offers made to me of fees from students who had not attended my lectures, or even been in Edinburgh when they were delivered. Shocked at these proposals, and indignantly declining them, I feared that in other quarters they might meet with a more favourable reception, and therefore advised the Royal College of Surgeons of Edinburgh that all students desirous of obtaining their diploma should enter their names at the College hall, together with the tickets of admission to lectures which they had procured for the session about to commence, at the same time paying five shillings for a registration ticket that would afford admission to the very valuable pathological collection belonging to the College. This plan worked extremely well, and may have given rise to a requisition that emanated from London, and required certification of attendance upon each subject mentioned in the curriculum. The Senatus Academicus of the University of Edinburgh, in order to discharge the duty thus imposed upon them with truth and accuracy, adopted various means, such as calling cards, and reading the roll, which have proved so unsatisfactory that the certificates required have never been given with any feeling of certainty as to their being well merited. In other schools, there is reason to believe that there has been greater laxity, so much so, indeed, as to make the whole system deceptive. The feeling of teachers is therefore understood to be generally opposed to the system of certifying attendance, which, by leading students into habits of deceit, is calculated to injure the honourable feelings of youth. But even if attendance could be accurately ascertained, evil instead of good, I apprehend, would be the result; since I have always observed that, if students felt they were obtaining advantage from lectures, they attended regularly without any compulsion, and that when forced to do so contrary to their inclination it might be easily seen that, although their bodies were present, their minds were absent, and consequently not within reach of instruction. Now, considering the short period devoted to medical education, and its overcrowded state from the number and importance of the subjects contained in it, it will be obvious that such unprofitable attendance must be not only useless, but positively a waste of time.

It is well known that in all boards of examiners there are some more strict than others, and it has hence been deemed very desirable to devise means for insuring the protection of candidates, but hitherto it has been found impracticable to do so; and a further advantage of the catechism system would be its doing away with any complaint on the ground of inequality, since, as the questions might be the same, it would only be requisite to record the answers.

On all of the grounds that have been mentioned the plan which I have proposed seems worthy of consideration; and, in the next place, I may mention some of the objections which will doubtless be urged against it. In the first place, it may be said that restricting the knowledge of a science within set bounds must injuriously limit the extent of its study, and thus retard its progress; but it should be recollected that eminence in science cannot be obtained directly from teaching, and rather requires a foundation of good principles, together with individual talents, inclination, and energetic exertion,—there being, on the contrary, nothing more opposed to real success than the pedantic drilling of men whose scientific character depends more upon specious talking than real knowledge. The next objection to be encountered will be the great trouble and expense requisite for preparing the different catechisms required; but these could hardly exceed those successfully overcome in rendering the British Pharmacopœia agreeable to all parties; and I have not the slightest doubt that the object in question would be accomplished before the end of many months, especially if, as it would probably better be, confined to the scientific departments of medical education. With regard to the examinations on practical subjects capable of demonstration, I need hardly say that these ought to be as practical and demonstrative as it is possible to render them, otherwise there is danger of the continuance of the baneful system of cramming, against which it is one of my chief objects in these observations to protest.

However averse to certificates for attendance upon lectures, I still think that candidates for a licence to practise should be required to produce evidence of having resided, during the period allotted for education, in one of the great medical schools provided with a large hospital, dissecting rooms, laboratories, and all other requisites for professional study; and also to produce tickets of admission at the commencement of each session to the various classes mentioned in the curriculum, according to the order there suggested. The great objection to provincial schools is, that the number of their students does not afford the teachers sufficient stimulus for devoting their attention to one subject of instruction, or regarding it merely as a step to something better; while the students are too few to give the excitement which the late Sir William Hamilton was wont to call the mesmerism of numbers, and which is so important for success in teaching.

Edinburgh, June 1st, 1869.

MEDICINE, DISEASE, AND DEATH.

BY CHARLES ELAM, M.D.

PART II.

(*Concluded from p. 776.*)

AGAINST the combined wisdom of modern authorities, I would not venture to assert positively that all this is not wise or necessary. It may be that a precise knowledge of all the processes and foramina of the sphenoid and other bones is an urgent matter; that we cannot give quinine with due effect unless we can describe botanically the Cinchona oblongifolia; and that we are virtually disqualified from administering a dose of calomel, unless we remember accurately its chemical composition and mode of preparation. But this I can assert,—that numbers of young men, hard-working, conscientious students, gifted with intelligence above the average, who have passed through the schools with a single eye to their ultimate mission, with credit and distinction, have confessed to me with bitterness

and shame how utterly helpless they felt when brought face to face with disease, and how intolerably far apart from the great purpose of their lives was almost the whole of their former studies. A great French surgeon once spoke of the necessity of "spoiling a hatful of eyes" in learning the extraction of cataract: how many hecatombs of patients are likely to perish whilst the student is painfully forgetting his school lore, and slowly acquiring the art of healing? This art must be learned by practice, accompanied by practical tuition; and a very large proportion of all else that is now taught is just as necessary, as it would be to insist that a painter must be able to make his own colours, and be acquainted with their natural history and chemical constitution, before he is allowed to exhibit a picture.

That a physician should be a man of science is a very desirable thing; but he ought *first* to be a physician, and accessorily the other; whereas, under our present system of education, he is first made a man of science, and is left to take the remote and uncertain chance of becoming a physician in the true sense of the word.

I believe that here is the root of the evil, however difficult it may be to devise a remedy. The ranks of our profession are constantly recruited with young, *very* young men, who confess themselves, in a great many instances, incompetent to grapple with disease;—well educated, highly cultivated, it may be, in science, but wholly helpless when confronted with the responsibility of a serious case. Feeling their own inefficiency, they are prepared to adopt any views or theories of practice, however wild, that are propounded with sufficient confidence, or that are the fashion of the day. Science has *principles*, whereas art has *methods*. Instead of searching after methods, the tendency of the day is to seek for principles. As these cannot, by the hypothesis, be attained, loose and plausible theories are adopted in their place. Hence the variable and vacillating character of our treatment, and the fatal error, ultimately, of losing faith in all therapeutics, except expectancy and *stimulation*.

3 and 4. This brings me to the errors of fashion and practice, which it is more convenient to discuss together. To enter fully into this subject would be to write the history of Medicine. For this I am not prepared. I can, therefore, but give a few illustrations of my meaning.

I believe that, in deference to popular prejudices and pseudo-scientific theories, we have from time to time forsaken and lost sight of modes of treatment that had been tried and proved as efficacious by long years of experience. The murrain of homœopathy and other follies came upon us for our sins. Many of our profession, having, from causes already stated, no reliable methods of their own, adopted the new lights, partly from fashion, partly from lack of any convictions whatever, and partly from failure in wielding the legitimate weapons of war against disease. Many others, professing eclectic impartiality, neither adopted these views nor adhered to their own, but lapsed into utter unbelief as to our power of influencing disease. Others again, witnessing the conflict of opinions amongst intelligent men, grew utterly careless, thinking that any course of treatment would do well that was the least irksome. Finally, a large majority forsook certain forms of *active* treatment, such as had been proved to be powerful in controlling certain diseases, because they seemed to be no longer in accordance "with the spirit of the age," and attempted to justify this to their own minds by some theories of "change of type" in disease.

An apt illustration of these remarks may be drawn from bleeding. I am no advocate for the indiscriminate use of the lancet that prevailed at one time; but I believe that in forsaking it so entirely as we have done, we have relinquished a most powerful and efficient agent in therapeutics. It was, in former days, the practice to treat many inflammatory and congestive affections by bleeding; and those who remember the results cannot fail to see that many cases were cured or cut short by this course that are now left to the chances of almost spontaneous cure—certainly with unfavourable results to mortality. We seem to have forgotten that spontaneous hæmorrhage, from the nose or elsewhere, often appears to avert serious illness, and to indicate the artificial mode of cure. Speaking from personal remembrance, no theory can ever make me forget the blissful, immediate, and perfect relief that twice followed bleeding in two attacks of croup. I have, even in modern times, also seen the most marvellous alteration for the better produced by bloodletting in cases of lung-congestion resulting from heart-disease, when the "supporting system" had been long persevered in, with the sole effect of aggravating the symptoms. Is it not worthy of consideration, also, whether the increased fatality of apoplexy, and sundry other affections of the brain, is not in some measure due to our neglect of this agency?

In like manner has the use of mercurial preparations been subjected to the vagaries of fashion and theory. Until late years, the utility of mercury in some affections of the liver, for instance, was never doubted; and the results of practice were strongly confirmatory of this view. Yet no sooner is it discovered that mercury does something, or fails to do something, in the animal economy, that was not known before, than we ignore our previous therapeutic experience, and adopt some other untried method of cure.*

The same observations may apply with equal force to the use of active purgatives and other potent agents of our materia medica. We now make but little use of these, compared with old times. And yet no one who has been much engaged in actual practice can fail to remember numerous instances in which great and immediate benefit has accrued, obviously *from* their use. Does not this prove that our disappointment in the general results, and our consequent abandonment of the means, are due simply to our own ignorance,—to the lack of careful, persistent observation of symptoms, and in no wise to want of power or virtue in the remedies themselves?

I have reserved for this late consideration one monstrous and gigantic source of evil—a compound of theory and resultant practice,—which I believe to be the cause of more avoidable deaths than all our other errors combined. The theory is, that all disease tends to death, and *therefore* the powers of life must be supported. The practice is, the great prevalence of feeding and excessive stimulation. Space does not allow me to enter upon any scientific investigation of the subject. I must content myself with giving the *result* of long and careful thought, with ample test and experiment in hospital practice. That result is, that nothing can be more erroneous than the theory—nothing more fatal or more fruitful in proteiform evil than the practice.

I have stated in the previous paper that the deaths from bronchitis have increased from 2067 in 1838 to 41,000 in 1866, and that those from "heart-disease" have increased during the same time from 3319 to 21,197. Now bronchitis is not, or rather ought not to be, an essentially fatal disease, in the sense that cancer, pyæmia, or phthisis may be considered such. Disease of the heart is likely, in some degree, to shorten life, but is by no means so essentially and speedily fatal as is often supposed. It is almost always by the production of secondary and congestive affections that disease of the heart proves fatal, and if these can be warded off, life may be prolonged indefinitely. I have known many patients with valvular obstruction live a long term of years, and at the end be hurried off by indiscreet zeal in treatment. I cannot give individual instances for obvious reasons.

With regard to these two diseases, bronchitis and heart affection, the increased mortality in which is so enormous as to account for the whole average increase in deaths, I have not the slightest hesitation in attributing the fatal result, in a vast proportion of the cases, to the vicious system of treatment that has become more and more prevalent for many years, and especially to that most pernicious habit or fashion of giving stimulants largely and indiscriminately. Alcohol is poison in bronchitis, speaking generally; and in affections of the heart there is nothing that so much favours the development of local congestions as these stimulants.

Another serious evil connected with this practice is its ultimate result on individuals and families, apart from the disease. By the loose method in which many of our profession order wine and brandy for even slight neuralgic affections, a taste for drinking is established, the consequences of which are often not to be calculated. Most assuredly I have seen large families swept off entire, all by affections connected with alcoholism, the original use of the stimulant having been "by medical order."

* It is not long since that I saw a case of simple jaundice that had been under the care of one of our most eminent specialists. It had resisted the most *strenuous efforts* to cure it by small doses of solution of acetate of ammonia (!); and this being the case, the patient was told that it was a case of "scirrhus of the liver," and was sent home to die! No active treatment, and no mercurial, had been tried. A few small doses of mercury-with-chalk, with other mild treatment, removed the affection; and I believe the patient is alive and well at the present time.

I wish very briefly to notice two other circumstances connected with our modes of practice: one of which has a tendency to render therapeutics uncertain; the other to hinder the true advance of Medicine. I refer to the constant running after new medical agents; and to the system of medical specialisms. The evils of the former practice are patent and glaring. New drugs are introduced, and vaunted as specifics; and before their virtues or properties have been ascertained by experience, they are deposed in popular favour by some other and newer remedy. Hence arises our woful want of true knowledge as to the weapons at our command, their virtues, and the proper method of using them.

I cannot venture to say much upon the practice, now so prevalent, of dismembering the organism, and making a specialism of the treatment of some one class of diseases.* I believe that the true method of viewing disease is, as a *departure from proper co-ordination of all the functions*. If this be so, then the prevalent practice must be opposed to the advance of true knowledge; not to dwell upon the fact that thereby our best men are withdrawn from the field of general utility, and the great and all-important subject, the detection and treatment of *obscure disease*, is systematically neglected. But with this brief hint I dismiss the subject at present, as being too extensive, and, I may add, too delicate in relation to the prejudices of many, to dwell upon more fully.

Thus I have endeavoured, very imperfectly, to trace a few of the most prominent causes for the sad phenomenon of the retrogression of our art, *pari passu* with the advance of our science. The knowledge of this evil should suggest the remedy, so urgently needed. Perhaps some bolder pen than mine may take up the theme, and expose the "sores and imposthumes" from which we, as a profession, are suffering. Meanwhile, I would only suggest that our first reform should be directed to our systems of education,—not to improve upon those now in vogue, but to begin again *ab initio*—to devise some real, sound, practical system of teaching and learning the Art of Healing.

Harley-street, May, 1869.

REMARKS
ON THE
ANTISEPTIC TREATMENT OF WOUNDS.

BY E. R. BICKERSTETH, F.R.C.S. EDIN.,
SURGEON TO THE LIVERPOOL ROYAL INFIRMARY.

(*Continued from page 744.*)

Aneurism of the external iliac artery; deligation with antiseptic catgut; cure.—William H. N——, aged thirty, mate of an American packet-ship, was admitted into the Royal Infirmary on the 31st of March last. He was a tall, muscular, healthy-looking man, and had always enjoyed good health till sixteen weeks previously, when, during a gale of wind, he was thrown down, and severely sprained his right groin. Soon afterwards he noticed a swelling above Poupart's ligament, which continued to increase steadily. On examination, a tumour of oblong form, the size of a common hen's egg, was found immediately above the ligament in the line of the external iliac artery. It pulsated vigorously, and the ordinary aneurismal bruit was plainly heard. The patient having remained quietly in bed for some days, as the tumour was obviously increasing, it was determined to tie the artery. The operation was performed on the 6th of April, directly after the case last narrated. An incision, six inches in length, was commenced about two inches above and to the inner side of the anterior superior spinous process, and carried downwards and inwards in a curved direction over the surface of the aneurism. The same antiseptic precautions were adopted as in the previous case, and no difficulty occurred in reaching the artery. The only circumstances worthy of mention were, the very great development of the abdominal muscles, particularly of the internal oblique and transversalis, which were each nearly half an inch in thickness; and the position of the external iliac artery, which, instead of resting exactly on the upper edge of the true pelvis, was fully half an inch lower down, lying fairly within the margin of the brim. The position of the aneurism necessitated a high ligature of the artery, and at the point where it was tied, just below the bifurcation, I could feel distinctly with my finger the common iliac and its point of division into the external and internal branches. Both ends of the catgut were cut off close to the knot, the wound well washed out with carbolic lotion (one in forty), and six or eight sutures passed through the skin, so as to keep the edges of the incision in accurate contact. Two pads of lint, well saturated with carbolic oil (one in five), and each three folds in thickness, were then placed over the wound, and covered with gutta-percha, cotton wadding, and a bandage, and the patient was removed to his ward.

For several days the man suffered considerably from flatulence and colicky pains in the abdomen, which were due apparently to the liquid diet to which he was restricted, and he was restless and impatient of restraint. He slept, however, without anodynes, and his pulse never rose above 80. The local management of the wound was conducted exactly as in the previous case; the outer pad of carbolic lint being changed daily; the inner one never disturbed, but well covered with fresh oil at each dressing.

On the 10th of April, four days after the operation, some sero-purulent-looking moisture was for the first time observed along the lower edge of the under piece of lint. On the 11th this appearance was somewhat more marked. On the 12th the whole of the lint was removed, and the wound exposed to view, under the protection of carbolic oil, with which the surface was smeared. The whole of the incision had healed, except about half an inch at the upper end, where the margins gaped and exposed a small cavity, from which about thirty drops of thin pus could be pressed. The deep parts appeared to be soundly healed, and there was no sign of inflammation beyond slight redness of the skin over the parts covered by the carbolic oil. All the sutures were removed, and the part dressed as before. Each day after this the lint was taken off and the wound examined. Sometimes half a drachm of thin pus could be pressed out, and sometimes there was none at all. Except that the superficial sore did not heal, everything was as satisfactory as possible. Presently it became obvious that the carbolic oil was acting as an irritant to the skin around and to the sore itself, which latter increased in size, and undermined the line of recently-formed cicatrix.

As it was quite evident that the deep parts were soundly united, I laid open the undermined cicatrix, discarded the carbolic oil, and dressed the sore with wet lint and gutta-percha tissue. It quickly began to cicatrise. The patient was allowed to get up and walk about, and on the 15th of May he left the hospital cured, the aneurismal tumour having almost disappeared.

Before this case and the preceding one left the hospital I had the opportunity of showing them to Mr. Paget, of St. Bartholomew's, who expressed himself as much gratified in witnessing what he termed "these brilliant results" from the antiseptic ligature and dressings—results which, I venture to affirm, could not have been obtained by any other plan of treatment. And I would here record my obligation to the house-surgeon, Mr. Puzey, and to my clinical assistant, Mr. Matthews, for their zealous attention in carrying out honestly and faithfully the rules and principles required by this method. Without strict and minute attention to these it is worse than useless to attempt it; with such, failure must be the rare exception.

I would here briefly observe that the mode of dressing adopted, though very effectual in preventing the access of septic germs or matter, is by no means the best or the most favourable for the healing of an open wound. It was employed only on account of its great simplicity, and because I could rely on it (with the materials at my disposal) for securing the healing of the deep wound. The carbolic oil, strong enough to be thoroughly antiseptic, if constantly applied and renewed over a raw surface, is sufficiently irritating and caustic to prevent nearly all healing action in the parts with which it is in contact. The healthy skin can bear its action well, but a raw or granulating surface will not cicatrise while thus constantly irritated.

* I refer here wholly and solely to specialism in *medical* disease. I believe it to be a necessary and advisable proceeding in many departments of surgery.

Thus we may explain how it was that in the case of ligature of the carotid the wound healed entirely in a few days, without a single drop of suppuration; while, in the case of iliac ligature just narrated, a troublesome superficial sore continued for some time, and until, indeed, the carbolic dressing was discontinued. In both cases the skin was accurately brought together at every part by numerous points of suture. In the former, it continued in contact, and primary union was not disturbed by the caustic effect of the carbolic oil; in the latter, however, owing to the restlessness of the patient, or to the extensive division of the muscles beneath, the skin subsequently separated so far between the sutures at one part as to allow the carbolic oil to enter and come in contact with the open wound. It was an accident of no material importance, however, as it merely prevented the healing of the superficial parts.

The two greatest risks the surgeon has had hitherto to encounter in tying a great arterial trunk in the immediate vicinity of an aneurism are—1st, hæmorrhage from the distal end of the artery on the separation of the ligature; and 2ndly, inflammatory disorganisation of the aneurismal sac, consequent on the inevitable suppurative inflammation in its close proximity, which occurs when a ligature, containing an arterial slough, has necessarily to separate and come away. Both these risks are avoided by using the antiseptic catgut, and adopting the antiseptic treatment at the time of the operation and subsequently.

Mr. Lister's observations, published in THE LANCET of April 3rd, very clearly show that there was no division of the artery in his case of ligature of the carotid in the calf; that the middle and internal coats were simply blended together, so as to obliterate the cavity of the artery without any solution of continuity; and that the ligature itself had become organised, and formed a sort of living ferrule round the artery, continuous with its external coat.

The result of the cases I have narrated goes far to show that an exactly similar process takes place in the human subject; and if so, as there is no division of arterial texture, and no subsequent death of tissue, the risk of hæmorrhage is altogether avoided. So also, as there is no arterial slough to be detached and slowly separated by the process of ulceration, and no inorganisable foreign body, in the shape of a silk ligature, to irritate and excite inflammatory action, and as the entire wound admits of ready and immediate union, the principal causes of inflammation and disorganisation of the walls of the aneurism are also avoided.

The Hunterian doctrine and practice has been to tie the artery as far as practicable from the aneurism, because it was supposed that the coats of the vessel were probably diseased in its vicinity, and that here, in consequence, a greater risk of hæmorrhage would arise on the separation of the ligature. The practice was correct; for by tying the artery near the aneurism, inflammatory disorganisation of its sac, and consequent hæmorrhage, were very probable, and certainly many deaths have in consequence occurred. The theory, however, was at fault, as has been well shown by Mr. Syme, who, in his bold and well-conceived operations, has several times opened the aneurism, and successfully tied the artery immediately above and below the dilated portion.

In conclusion, I would here state that I regard the antiseptic catgut ligature and the antiseptic treatment, as applied in the deligation of the great arteries, as an immense step towards the perfection of our art. I have tied most of the great arteries in the human subject, many of them frequently and with at least average success; and I cannot but compare the anxiety with which I have watched the separation of the ligature and the inflammatory action necessary to this process, with the composure and perfect sense of security I have felt when witnessing the wound heal *at once*, without suppuration, without inflammation, and, above all, without a ligature to come away.

(To be continued.)

CAMBRIDGE UNIVERSITY.—The following gentlemen have been appointed Examiners for the Natural Sciences Tripos for the year 1869: J. D. Hooker, LL.D.; J. Buckley Bradbury, M.B. Downing College; Osmond Fisher, M.A. Jesus College; Coutts Trotter, M.A. Trinity College. The Senate has sanctioned the appointment of a fifth Examiner, on the recommendation of the Board of Natural Sciences Studies; and a fifth Examiner will probably be elected at the next congregation.

CASES OF ACUTE RHEUMATISM TREATED PRINCIPALLY BY THE ALKALINE METHOD.

BY CHARLES H. ROBINSON, L.K.Q.C.P. & M.R.C.S.I.,

DEMONSTRATOR OF ANATOMY TO THE LEDWICH SCHOOL OF MEDICINE; LATE MEDICAL OFFICER TO THE PENINSULAR AND ORIENTAL COMPANY; ETC.

THE treatment of acute rheumatism has lately been subject to a good deal of discussion, since the communication brought forward by Drs. Gull and Sutton before the members of the London Medical and Chirurgical Society in January last, on the supposed inefficiency of medicine in this disorder, and their firm reliance on mint-water and cotton wadding in its management. I am, however, convinced that any unprejudiced observer who carefully examines the statements brought forward by Drs. Gull and Sutton will find, in the results obtained, a material difference from what those gentlemen would lead us to believe; and that their theory was unmistakably refuted by Drs. Fuller and Dickinson.

For my own part, I am a firm believer in the alkaline treatment of acute rheumatism; my chief reason for this belief being the satisfactory results obtained by this method far beyond any other, not only in the duration of the disease, but also in the almost total absence of pericarditis and valvular affections of the heart.

The following cases came under my notice when medical officer to the Cape mail steamers and Peninsular and Oriental Company, and I adduce them for several reasons. They all occurred at sea, and therefore were necessarily exposed more than on land to relapses. Some of the patients were passengers, some seamen; but, with one exception (Case 1), I had each under my observation from the very commencement of the affection, and long after it had terminated. In each the heart was carefully examined at regular intervals, and in none of the six cases was it ever implicated.

In 1862, Dr. Dickinson read a paper before the members of the Royal Medical and Chirurgical Society, in which 48 cases of acute rheumatism were treated by full doses of alkalies (four drachms to the ounce and a half daily of the salts of potash or soda), and in only one of these 48 cases was there any cardiac affection. These facts prove that by no other method can we expect such gratifying results as by the alkaline mode of treatment.

Of the following cases, five were articular, the remaining one a case of muscular (fibrous) rheumatism.

CASE 1.—George D——, Esq., aged thirty-three, applied to me on the 7th November, 1862, suffering from acute rheumatism of the finger-joints, shoulders, and hips, arising from a severe wetting received a few days before. Has had several attacks of rheumatism before. After a purgative was administered, I gave bicarbonate of soda in a mixture, dose two drachms three times a day, cotton wadding being applied to the swollen joints.

Third day.—Gave three grains of calomel last night, to be repeated every night until further notice. The heart was carefully examined, and found in a healthy condition. Fomentations of vinegar as hot as could be borne, with gutta-percha tissue external to the lint soaked in the vinegar, applied very often to the joints. Stomach a good deal out of order; tongue white; pulse 96; copious perspirations day and night, which make him extremely weak; urine reddish, with a heavy brick-dust sediment. His diet consists of tea, toast, soda-water to assuage the thirst, soup and broth; but his appetite is wretched.

Seventh day.—As the pains are still severe he was ordered ten grains of Dover's powder at bedtime; he is, however, somewhat improved.

Ninth day.—Up for one hour to-day. To take the calomel only every second night. Allowed a glass of sherry with water to-day.

Tenth day.—Gave the bicarbonate of soda in effervescence with tartaric acid, and stopped the calomel.

Thirteenth day.—Urine clearing daily; pulse 80. Soup and boiled mutton for dinner. The joints are almost well.

Sixteenth day.—Urine clear; pulse 68. Stopped the tartrate of soda, and gave quinine with dilute sulphuric acid in two-grain doses twice daily.

Twentieth day.—Cured. To continue the quinine for a week longer.

This patient might have been well sooner, but his cabin was much exposed to draughts, and thus he often took fresh cold.

CASE 2.—E. G——, aged thirty-eight, applied to me on Dec. 3rd, 1862, suffering from acute rheumatism of the fingers and neck. The urine was high-coloured, and deposited a reddish sediment; perspiration copious and highly acid. He was at once ordered bicarbonate of soda in two-drachm doses twice daily in a mixture with a few grains of nitrate of potash; flannel applied externally. On the 9th the urine was natural, the swelling of the joints had disappeared, the pain and fever had left him, and he was discharged cured.

CASE 3.—On Feb. 10th, 1863, Mr. B——, aged forty-two, applied to me with both feet affected with acute rheumatism; they were greatly swollen and intensely painful. He was ordered at once the bicarbonate of soda in two-drachm doses three times a day. French wadding to be applied to the joints, and to take three grains of calomel every second night. On the 20th he was discharged perfectly recovered.

CASE 4.—Mrs. S——, aged about forty-five, I saw on the 13th of February, 1863, suffering from acute rheumatism of the elbows, wrists, left ankle and foot. The same treatment was pursued as in Case 3, with the addition of iodide of potassium to the bicarbonate-of-soda mixture. This was an extremely severe attack,—great swelling of the joints, intense pain, copious perspirations, and highly acid urine; but on the 23rd of February she was discharged cured.

CASE 5.—Robert W——, aged forty-nine, I saw on the 11th of July, 1864, suffering from acute rheumatism of the left knee-joint, and the fingers of the left hand. I gave bicarbonate of soda in the usual doses in effervescence, with tartaric acid, and two grains of calomel every night. Pulse 88; urine high-coloured, &c.

Third day.—Somewhat better. The calomel only every second night. Fingers easier; knee much the same,—still much swollen, and extremely painful; flannel used externally.

Eighth day.—Knee wrapped up in cotton wadding, with gutta-percha tissue outside. As he did not sleep well last night, to take at bedtime ten grains of Dover's powder.

Tenth day.—Better. Changed the bicarbonate of soda for the bicarbonate of potash. Urine still very turbid and high-coloured, with heavy sediment.

Eleventh day.—Ten grains of Dover's powder at bedtime.

Thirteenth day.—Added small doses of iodide of potassium to the bicarbonate-of-potash mixture.

Twentieth day.—Calomel stopped. All fever has disappeared. The swelling of the joints has been removed; but being stiffish, he was ordered some soap liniment (an ounce), with tincture of opium (four drachms), to rub the affected parts.

Twenty-fifth day.—Discharged cured.

This patient was one of the seamen, and persisted in remaining on duty all the time, exposed to every sort of weather both day and night aboard ship.

CASE 6.—William M——, aged twenty-nine, I attended on the 8th of April, 1866, for acute rheumatism of the muscular or fibrous character. It was fugitive, flying from one place to another; the urine was reddish, and the pulse feverish. Compound camphor and soap liniments, combined with tincture of opium, were applied locally; and five grains of iodide of potassium were administered every fourth hour. On the third day he was somewhat better, but suffered a good deal of pain. The urine was still of a reddish colour. The iodide of potassium was stopped, and the bicarbonate of soda was given in two-drachm doses, three times a day; ten grains of Dover's powder at bedtime.

Fifth day.—The bicarbonate of soda changed to the bicarbonate of potash (half an ounce daily); urine clearing; another dose of Dover's powder (ten grains) at night.

Eighth day.—Takes the potash in effervescence with tartaric acid; pains much less; urine almost natural.

Twelfth day.—Urine natural; pulse regular; pains disappeared. Discharged, cured.

Duration of cases.—Case 1 lasted twenty days; Case 2, six days; Case 3, ten days; Case 4, ten days; Case 5, twenty-five days; Case 6, twelve days: making a total for the six cases of eighty-three days. Thus it will be seen that the average duration of the above cases was a trifle under fourteen days each; or, excluding the sixth case, which was not articular rheumatism, the five cases will show an average of 14½ days each—a great improvement, I take it, on the old-fashioned treatment of rheumatism—namely, flannel and six weeks.

Dublin, June, 1869.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

CHARING-CROSS HOSPITAL.

THE following operations were performed at this hospital on May 22nd and May 29th. For notes of them we have to thank Mr. J. K. Kidd, house-surgeon.

Amputation of the lower third of the thigh, by Mr. HANCOCK.—This was a case of compound fracture of the patella, communicating with the joint. The patient had been undergoing the palliative treatment for some time; but of late the constitutional disturbance had been so great that amputation was determined on. The antero-posterior flap operation was performed.

Excision of the knee-joint, by Mr. HANCOCK.—A girl, ten years of age, with disease of cartilage and bone. The H-incision was made; the articular extremities of the tibia and femur were removed, as also was the patella.

Excision of the elbow-joint, by Mr. CANTON.—A boy, eight years of age, with disease of the elbow-joint, and great constitutional disturbance. The ordinary operation was performed.

Lithotomy, by Mr. HANCOCK.—A boy, eleven years old. The lateral operation was performed, and the stone instantly grasped; but, on account of the unusually large size, great care was necessary to accomplish its extraction. It was composed of lithic acid, and presented a rough, spiculated surface.

Excision of the head of the femur, by Mr. HANCOCK.—This was a case of femoral coxalgia, occurring in a girl ten years of age, and was peculiar, inasmuch as the head of the bone was dislocated on to the *pubes*.

Excision of the ankle-joint, by Mr. CANTON.—This was a case of caries occurring in a boy four years old. The articular surface of the tibia was removed, that of the astragalus being found so slightly affected that it was not expedient to interfere with it.

Excision of the head of the femur, by Mr. CANTON.—This was another case of femoral coxalgia, occurring in a boy twelve years of age. The bone was cut through the neck, leaving the trochanters entire.

Amputation of conical stump of left thigh, by Mr. BARWELL.—In this case the skin and integument were firmly adherent to the extremity of the bone, and the stump was very conical in form.

LONDON FEVER HOSPITAL.

TYPHUS FEVER RELAPSING AFTER AN INTERVAL OF FOURTEEN DAYS.

(Under the care of Dr. BROADBENT.)

FOR the notes of the following case we are indebted to Dr. Robert W. Foss, assistant resident medical officer.

Fred. H——, aged seven years, was admitted on the 16th March, and was said to have been suffering from feverish symptoms for the last eight days. He was seen first in the typhus ward, when he complained of a violent headache; his pulse was 120; skin hot and dry; no rash; no diarrhœa. On account of his coming from a house where there had lately been several cases of typhoid fever, he was ordered to the typhoid ward; and to have acid-and-opium mixture, with low beef-tea diet. He was not, however, removed till the following morning, so that he remained one night in the typhus ward. After his removal he continued in much the same condition until the 24th, when it was discovered that he had a copious characteristic typhus rash. His mind was composed; pulse 120; tongue covered with a thick, creamy fur; bowels regular; severe headache. He was sent back to the typhus ward, and ordered dilute nitric acid with low beef-tea diet; and continued the same until the 29th, when he had a lysis, as shown by a free perspiration, his pulse falling to 84, and appetite returning. (The thermometer was not used in this case.) He was now ordered fish diet, and went on convalescing until the 13th April. During the interval he had a copious attack of scabies, for which he received the usual remedies. On the 13th he complained of headache and anorexia; his face was flushed; mind confused; skin hot and dry, no rash; pulse 120; tongue furred and dry; bowels regular. He was ordered compound acetate-of-ammonia mixture, and low beef-tea diet. On the 15th the skin was hot, desquamating, and brownish from the effects of the sulphur; and a typhus rash was again discovered. He was very prostrate, and suffered much from headache. On the 21st he perspired a great deal; his pulse fell to 84; he began to feel hungry, and was ordered fish. From that time he gradually improved.

The first rash was seen by Dr. Broadbent, the second by Dr. Murchison.

GREAT NORTHERN HOSPITAL.

A CASE OF CLEFT PALATE IN A LITTLE GIRL FIVE YEARS OF AGE; OPERATION SUCCESSFUL.

(Under the care of Mr. W. ADAMS.)

THIS case, for notes of which we have to thank Mr. Phil. D. Hopgood, house-surgeon, was one of cleft palate extending completely through both the hard and soft palates, and associated with hare-lip, leaving a single fissure extending into the right nostril.

March 3rd.—The patient being under chloroform, Mr. Adams performed the usual operation of removing the adjacent edges of the soft palate (preferring to leave the hard palate), and dividing the levator palati. Three sutures were employed, which were found sufficient to keep the edges in good apposition.

On the fifth day after the operation, the upper suture had given way, and the rest were removed; but union was perfect through central and posterior portions of soft palate to uvula.

On the ninth day it presented a healthy appearance, and adhesion was good. Granulation and adhesion proceeding favourably at upper portion.

The gag, or instrument with a tongue-plate, and opening by means of cog-wheels, made by Mr. Ferguson, and recommended by Mr. Thomas Smith, was used in this case.

OPERATION FOR DOUBLE DIVERGENT STRABISMUS.

(Under the care of Mr. HULME.)

WE noticed a very satisfactory result of a case of double divergent strabismus, in which Mr. Hulme had lately operated, the short notes of which are as follows:—

Mary H——, aged thirty-five, had both eyes operated on twenty-five years ago for a convergent squint. The following was the condition of her eyes when she came under Mr. Hulme's observation. About three months ago the right eye was hypermetropic ($\frac{1}{12}$), was everted to the extreme external angle of the palpebral fissure, the outer edge of the cornea being retracted to this point. She, however, retained the power of bringing the pupil to the mesial line, but there was no power of convergence whatever, and the globe was habitually completely everted. The left eye, which was also hypermetropic ($\frac{1}{12}$), and which she used in her occupation as a seamstress, retained its central position; all power of convergence was, however, totally lost. Both recti had entirely lost their attachments to the globes; and the double divergent strabismus was especially deforming, as when by an effort of the will she brought her right eye into a straight position, the left became everted, and the confusion of sight, owing to the different focal lengths of either eye, was troublesome.

Mr. Hulme operated on the left eye first, bringing forward the inner rectus, and dividing the external rectus. This was very satisfactory, and she obtained with this eye good power both of inversion and eversion. Double vision was very annoying during the first week after, but in the course of a fortnight she felt no inconvenience from this source. Mr. Hulme then operated on the right eye in the same manner. The result of this operation was, that instead of the external strabismus, the eye was inverted for about two lines, and the power of eversion was lost, owing to the external rectus, which doubtless had become shortened, having so far retracted from its insertion as to lose its attachment to the globe. Mr. Hulme therefore, by a third operation, dissected the conjunctiva well off the globe, brought forward the tendon of the external rectus, and after having removed an oval piece of the conjunctiva, fixed it by three stitches to the outer edge of the cornea. The already drawn forward inner rectus was not interfered with. The final result of these operations has been that, although there remains the slightest possible inversion of the right eye ($\frac{1}{4}$ a line), this is corrected by the use of a + 30 pair of spectacles, and the deformity has been entirely done away with. She now resumes her work, both eyes having fine power both of inversion and eversion. There is no double vision whatever.

Provincial Hospital Reports.

BIRMINGHAM GENERAL HOSPITAL.

PRIMARY CANCER OF THE LUNG, SIMULATING PLEURITIC EFFUSION; EXPERIMENTAL PARACENTESIS.

(Under the care of Dr. RUSSELL.)

THE diagnosis of primary cancer of the lung is, perhaps, the most interesting subject connected with that disease. The cancerous matter, in spreading from the root of the lung, may take different directions, and dispose itself in various manners in different cases, and may thus occasion considerable variety in the phenomena it produces. Hence almost every case of primary cancer of the lung possesses features peculiar to itself, and presents special difficulties to the observer in forming a diagnosis.

The following case is intended as a supplement to Dr. Sutton's case, reported in THE LANCET of April the 3rd, in which paracentesis of the chest was twice employed, under the impression that large effusion was present in the pleural cavity. In the present case the diagnosis was materially complicated from the peculiar difficulty in gaining any information respecting the patient's history at the time she was first seen, when her condition appeared so urgent as to require immediate decision upon the course to be pursued.

A. H——, aged thirty-eight, was admitted in a state of extreme distress from dyspnœa. She was nearly stone-deaf, could only articulate a few words, and was not accompanied by any friends. The only information that could be gained was that she had been ill a fortnight, and had been exposed to cold. She was pallid, emaciated, and suffering from urgent dyspnœa, which appeared immediately to threaten life. There was no heat of the skin. Inspiration was very noisy. Decubitus was completely on the left side. The left side of the chest was perfectly dull on percussion from apex to base; the right was quite clear. The left ribs were perfectly motionless in respiration, and respiratory sounds were entirely absent on the left side; on the right they were accompanied universally by loud and coarse crepitation. The voice was too faint to form a means of diagnosis. The heart's impulse could not be felt, but the sounds were most distinct on the right of the sternum. The

case had the aspect of extensive pleuritic effusion, with sudden access of bronchitis on the opposite side. But the circumference of the left side was not increased; the dulness did not involve the sternum, which was clear to percussion, and the intercostal spaces were drawn in during inspiration. Mr. Pemberton, very properly, laid great stress on this last circumstance. Under the urgent circumstances in which the patient was placed, an exploratory puncture was made with a fine trocar: only a jet of clear blood issued with each expiration.

The patient died three days after; but before death the *lower* half of the chest, posteriorly, had become clear on percussion, and respiratory sounds were clearly heard over that region, rendering it evident that the dulness had been occasioned by effusion of fluid over an adherent lung; the noise during inspiration was louder, and had the character of stridor; and now the patient sat continually, with the body bent somewhat forwards.

On post-mortem examination, the root of the left lung was found to be surrounded by a mass of medullary cancer, which completely enveloped the bronchus and the large vessels. The cancerous matter had infiltrated the substance of the upper lobe of the lung very extensively. The lower lobe was free from cancer, but was much contracted. The entire lung was closely adherent to the ribs. The heart occupied its usual situation, and the pericardium was quite exposed in consequence of the contraction of the lung. Some of the bronchial glands were infiltrated with cancerous matter, but every other organ in the body was free from the disease.

Subsequent inquiry revealed that the patient's health had been failing for years, and that short breath and cough had existed for two years. She had been wet through two months ago, and had been worse ever since. Her health had become much worse during the three days preceding her admission, and a fortnight previously she had had advice for pain in the side and short breath.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MAY 5TH, 1869.

DR. GRAILY HEWITT, PRESIDENT, IN THE CHAIR.

(*Concluded from page 783.*)

ON PERITONEAL ADHESIONS OF THE GRAVID UTERUS AS A CAUSE OF POST-PARTUM HÆMORRHAGE.

BY GRAILY HEWITT, M.D., F.R.C.P.

IN this paper the author pointed out an occasional cause of retention of the placenta, and consequent liability to post-partum hæmorrhage, arising from adhesions between the upper part of the gravid uterus and the adjacent parts, whereby the uterus is prevented from descending in the proper manner after the expulsion of the child, and mechanically held in a distended condition. It was shown how such a state of things must render retention of the placenta and hæmorrhage very liable to occur. This cause of difficulty had not, so far as the author was aware, received attention by obstetric authors. The proof of the connexion between these adhesions and the accident in question was given by a case which he had observed a few years since. The patient had been delivered of twins, the placenta was retained, and a most profuse bleeding had occurred. The placenta was removed by the hand, the fundus uteri lying very high up in the abdomen. Seven days later death occurred from gradual exhaustion, there having been a little secondary hæmorrhage. The post-mortem examination showed firm, tough, broken-off adhesions at the top and back of the uterus, giving it quite a shaggy aspect. The ends of these string-like bands hung freely, and were two to three inches long. It was evident that the uterus had been adherent superiorly by these adhesions, and that they had been broken through when the uterus was finally made to descend. [A drawing of the uterus, made at the time, was exhibited.] Next, the author related another case where, after delivery, retention occurred, and the placenta was found enclosed in the fundus of the uterus, at a very unusual height in the abdomen. In this case also, a very violent hæmorrhage occurred, but after the placenta had been extracted. Lastly, a case was related where adhesions appeared to have been present, tying over and obstructing the bowel, and causing such extreme pain at the end of the eighth month that the question of inducing labour had to be considered. The labour set in in a few hours, the pain having been unceasing. The subsequent events appeared to bear out the opinion just expressed as to the nature of the case. The author finally stated his belief that further inquiry would prove the connexion now pointed out between uterine adhesions and post-partum accidents to be one not, perhaps, unfrequently existing, and its practical importance could scarcely be overrated.

DR. GERVIS was hardly prepared as yet to accept fibrinous bands of no greater strength than those attached to the specimen exhibited as sufficient to prevent due uterine contraction, unless there were coexistent uterine inertia. Adhesions of a nature to check uterine contraction must almost of necessity have been the result of peritonitis occurring during the progress of gestation; and he would like to know if there were any evidence of such peritonitis having occurred during pregnancy in the cases cited. He had recently attended, in her confinement, a lady who had been the subject of pelvic cellulitis and abscess of a chronic character, and in whose confinements, since the first occurrence of the cellulitis, there had on each occasion been much anxiety from post-partum hæmorrhage. In her last confinement this danger was again apprehended, and it did in fact occur. In this case he had certainly at the time looked upon it as arising from inertia uteri, due to the general depression of strength brought about by her long-continued sufferings; but, viewed in the light of Dr. Hewitt's suggestive paper, it might well be that one element in these repeated post-partum hæmorrhages was the existence of adhesions due to the pelvic cellulitis. He would like to ask the experience of others in similar cases.

DR. CLEVELAND had been partly anticipated in the remarks made by Dr. Gervis. He could not conceive how adhesions formed during pregnancy could be of such strength and firmness as not to be separated when the uterus contracted after the birth of the child. In the first case related by the author, the uterus as usual recovered its contractile power, and followed the hand on withdrawal to its natural size and position. Although the paper was of much interest, further evidence was, he thought, required before adhesions could be regarded as an efficient cause of retained placenta or post-partum hæmorrhage by mechanically preventing uterine contraction.

DR. ROGERS thought that adhesions to the bowels would not prevent uterine contraction, but that such adhesions, if high up in the abdominal cavity, might have that effect.

DR. HOLMAN thought it was a matter of experience that in cases where there had been peritonitis or pelvic cellulitis there was increased tendency to post-partum hæmorrhage. Many cases were met with in which the uterus did not contract, and in which the hand had to be left within it for some time after the separation of the placenta. In such cases it was quite possible that adhesions might assist the inertia in the production of hæmorrhage, and if they were strong they would not be broken down until the uterus was pressed down by the hand externally. As to the case of irregular contraction, it had long been the practice, he thought, to apply one hand over the uterus externally whilst the other was employed in delivering the placenta; and thus a perfect knowledge was obtained whether firm regular contraction had taken place, and the uterus had fairly sunk in the pelvis.

DR. WYNN WILLIAMS observed that he could not agree with the President that adhesions were a frequent cause of hæmorrhage after parturition; for if it were so, there should surely be numerous instances where such adhesions were demonstrated by post-mortem examination, as peritonitis during pregnancy was not at all uncommon. In the first case, the very fact of the adhesions having been ruptured, either by the contraction of the uterus or by the manual pressure exerted on the uterus, proved to his mind that they could have been little or no impediment to the uterine contraction. He had recently attended in her confinement a patient who had been operated upon by Mr. Wells for an ovarian tumour: partly from want of power, and partly from the uterus being fixed by the pedicle of the removed ovary, he had had to complete the delivery by forceps. The same

causes rendered it necessary to extract manually the placenta, and although subsequently the uterus was got to contract, it was impossible to press it down into the pelvis. In this case, however, there was scarcely any hæmorrhage. He wished also to call attention to the great advantage to be derived in cases of post-partum hæmorrhage from the introduction into the uterus of a sponge saturated with tincture of perchloride of iron.

Mr. SPENCER WELLS said that in Dr. Williams's case the tumour had been enormous, and distension of the abdominal muscles might account for feeble expulsive power. He had upwards of twenty cases of childbirth, not including his ovariotomy cases, and in none had uterine adhesions led to any unusual difficulty. But such adhesions certainly might have such an effect, for Sir J. Simpson had recorded a case where the pedicle of an adherent fibroid had been ruptured by the uterine contractions, and he (Mr. Wells) had seen a patient in whom fatal strangulation of adherent intestine had been so produced after labour.

Dr. ROGERS disputed the relevancy of Dr. Williams's case. It was simply one of adhesion of one of the broad ligaments of an unimpregnated womb low down to the abdominal wall. Such adhesion did not, of course, prevent the enlargement of the uterus when impregnated, nor could it prevent the subsequent contraction on labour coming on.

Mr. SPAULL related the particulars of a case of severe post-partum hæmorrhage (successfully overcome) in a patient who, during her pregnancy, had had several attacks of peritonitis, and in whom, consequently, he thought it very likely that adhesions had taken place.

The PRESIDENT observed, in reply, that adhesions such as those described, coexisting with a feeble condition of the uterus, would present a combination of circumstances highly favourable to hæmorrhage. It was difficult enough, sometimes, to get the uterus to contract at all, but if drawn upwards, or restrained by tough adhesions, the difficulty would be greatly increased.

The PRESIDENT exhibited a form of bead suture for perineal operations, which he had used, and which was less likely to lead to sloughing of the enclosed parts than the quill suture ordinarily employed. Round vulcanite beads, seven-sixteenths of an inch in diameter, and perforated for the wire, constituted the suture.

Dr. MEADOWS bore testimony to their value.

Dr. ROUTH thought they might in practice prove disadvantageous, as in chronic cases of laceration he liked to see a little sloughing in the trails of the deep sutures, as it made the new perineal cushion more firm and durable, and thicker.

Reviews and Notices of Books.

Etude sur les Maladies Eteintes et les Maladies Nouvelles pour servir à l'Histoire des Evolutions Séculaires de la Pathologie. Par CHARLES ANGLADA, Professeur de Pathologie Médicale à la Faculté de Montpellier, &c. 8vo, pp. 646. Paris: Baillière et Fils. 1869.

THIS is a very readable treatise on speculative and historical pathology. So far as words well strung together may serve the purpose of speculative pathology, that subject may be held to be irradiated within the limits proposed by the author. So far as history helps the progress of medicine, M. Anglada deals conscientiously with the sources from which he gleans, and the student may verify his references if he is so disposed. At the outset, the English reader would be apt to be repelled by the author plunging *à priori* into the seductive paths of speculation; and, unless cautioned, he might stumble at maladies of "reaction" and of "affection," and fall headlong over "ces grands mots—'affection,' 'spontaneité,' 'specificité,'"— notwithstanding the author's reassurances. But, these difficulties overcome, and a profusion of words condoned, much that is highly instructive and interesting is to be learned from M. Anglada's work, and few could read it without profit. He holds to the extinction of some maladies, the amelioration of others, and the new or exceptional development within comparatively recent periods of a third class. He treats at length of the great epidemic of the fifth century B.C. (the plague of Athens); of the epidemic of the second century A.D. (the plague under Antonine); of the great epidemic of the third century A.D. (the plague under Gallus); of the epidemics of new eruptive fevers in the sixth century A.D., —to wit, small-pox, measles, and scarlet fever (each of these three being qualified by the phrase "considered as new"); of the great gangrenous epidemic of the middle age ("mal des ardents," erysipelas); of the "black death" of the fourteenth century; of the English sweating sickness of the fifteenth century; of the syphilitic epidemic also in the same century; and of the choleraic epidemic of the nineteenth century.

The subjects with which M. Anglada deals are full of interest; but they are full of pitfalls, and require to be traversed with never-sleeping wariness. That the historical records of epidemic diseases before the present century can be used with much benefit to pathology we greatly question. The history of the distinction of typhus and typhoid fevers, of epidemic cerebro-spinal meningitis and of diphtheria, teaches a lesson of caution to historical pathologists which cannot be too seriously pondered. Who can take the history of the three last-named diseases beyond, or even as far back as, the commencement of the present century; and yet who would venture to conclude, on that account, that the diseases were non-existent before that time?

The worst chapter of M. Anglada's book is that on the great cholera epidemic of the nineteenth century. He has probably witnessed the whole of the extensions of that pestilence in Western Europe, yet the historical data he gives are most meagre and unsatisfactory; some, indeed, doubtful. He writes freely and crisply of contemporary speculations on the pestilence, but of the facts he is reticent. This is significant and instructive. When we derive our knowledge from books, as in historical researches, the very form in which we find it gives a degree of positiveness to our results which is most delusive. When we confront actual complicated facts, such as the great epidemics of cholera, we learn that words are a poor substitute for observation.

"Cholera, chronologically considered," writes M. Anglada, summing up his remarks on that disease, "is the last representative of the great plagues of which I have traced the sinister biography. It is a new affection, ubiquitous, original, implacable. It escapes on every side from the laws of common pathology, or, more correctly, we have not yet been able to seize upon the link which binds it to them. Its actuality gives an exceptional interest to its study. It was born under our eyes, and we have followed it in its vagabond course about the earth. It constitutes a proof altogether unique, which certifies and legalises all the documents which I have exhumed from previous ages. I would especially remark, that its development has been the most manifest rehabilitation of the wise circumspection of Hippocrates. The science of the present time, which has made so many conquests over the past, still bends before a mystery which exceeds the limit of its powers. To-day, as formerly, hypotheses have succeeded each other without intermission. No one, whatever may be said, has ever suspected the truth. During the plague of Athens, Thucydides was struck with the surprise and the embarrassment of the physicians in presence of the unknown malady. If this illustrious man returned to the world, he would again witness like astonishment and indecision before this new plague. After more than two thousand years, the problem of great epidemics has not yet been solved. The modest avowal of Hippocrates was a prevision of genius."— p. 643.

In the nature of things, historical data concerning diseases prior to very recent periods are not capable of scientific verification, and but to a singularly limited extent even

of scientific application. They afford material of much interest, and are often most suggestive. It is well that the history of diseases and of great epidemics should be cultivated; but to apply doubtful history to still more doubtful speculation can have but one result. M. Anglada's book, as we have said, is both interesting and instructive. If it fails of the importance which the learned labours of the author might on the first aspect claim for it, the failure will arise from the fact of his not having adhered strictly to an historical method, dissociating entirely speculative pathology.

The Handy Book of Anatomical Plates. Designed, under the direction of Professor MASSÉ, by CORBIÉ and LEVEILLÉ. (Adopted by the Imperial Council of Public Instruction in France.) With a Descriptive Text, by E. BELLAMY, F.R.C.S. Exam., Demonstrator of Anatomy in Charing-cross Hospital, &c. London: Baillière. 1869.

THIS work, which has been rapidly issued in parts, is now completed, and is certainly the cheapest collection of good anatomical drawings with which we are acquainted. The size of the drawings is of necessity small, but, being engraved on steel, their definition is remarkably good, and they will no doubt serve, as intended, to aid the pupil in the study of anatomy, both in the dissecting-room and in the study. Mr. Bellamy has supplied the references to the plates, and has, we are glad to find, given the ordinary anatomical terms in use among English anatomists, and not merely a translation of the French terms, which in many instances are quite unintelligible to the British student. The work will be of considerable service in promoting anatomical study, and we wish it every success.

The Journal of Anatomy and Physiology. Conducted by G. M. HUMPHRY, M.D., F.R.S., and WM. TURNER, M.B. &c. Second Series, No. XIV., May, 1869. Macmillan and Co.

THE present number of this journal has some excellent original matter in it. Mr. Flower reviews the recent advances, present knowledge, and the direction which future inquiry might advantageously take in reference to certain points connected with the Dentition of the Mammalia. Dr. Moxon discusses the Anatomy of Stentor and its mode of division; Dr. Humphry the Myology of the Limbs of Pteropus; Dr. Jago the Opening of the Eustachian Tube—when and how it occurs; and Dr. Struthers the Mediastinum Thoracis. Dr. Fraser recounts his researches into the Action of Atropia in Frogs and various mammals, and shows that atropia produces in frogs well-marked convulsant and tetanic symptoms, which, when present in an extreme degree, form a separate stage in the poisoning, and succeeding that of paralysis; that tetanic symptoms follow the subcutaneous injection of a dose of sulphate of atropia equivalent to one-thousandth of the weight of the frog; that the symptoms are due to the direct action of atropia on the medulla oblongata and spinalis; that the differences in the paralysing and convulsant symptoms that occur in frogs and various mammals may be explained by the greater susceptibility of the former to the action of a paralyser, and by the amount of paralysis being greater than that of the stimulant action with atropia. Dr. Balthazar Foster makes some interesting observations relative to the Temperature in Diabetes, adducing facts to show that the temperature is lower than normal, and that the amount of sugar passed has no relation to any rise or fall in temperature. There are several other important papers: one by Dr. Rutherford, detailing his experiments made to test the Influence of the Vagus on the Circulation; and, lastly, a translation of a paper by Engelmann on Ciliary Motion, which will be read with interest.

THE

SICK POOR OF PARIS.

By BLANCHARD JERROLD.

No. VI.

THE HOUSE OF HELP.

THE sound public economy of keeping the public health at the highest attainable pitch is pretty generally admitted, and pretty generally neglected, in England. Directly the maladministration, blundering, and confusion of the *régime* of which Gwydyr House is the centre are attacked, and a speaker or writer ventures to draw upon his foreign experiences for an amendment or a remedy, he is met with the old cries, which cover old errors, and opposed with prejudices which, albeit of ancient date, are in the heartiest strength even now. I have been greatly struck with the array of facts made by Dr. Rogers in his recent address to the Poor-law Medical Officers' Association, because they are all to the discredit of the English public men, who have been patching our Poor Laws for so many years past. These facts are blunders and shortcomings, which even a peep at our more orderly neighbours would have taught them to deal with long ago. When I survey the establishments of the Paris Assistance Publique, and mark how they fit in one with another, all working in harmony to a common end; one real vital administration in the centre, making its vigour and heat felt to the remotest members of its body of *employés*; and then turn to the records of mistakes, and descriptions of bad payment and bad treatment, of medicines held back till the sick poor fall into the house, and the temporary public patient is shuffled by ignorant guardians and underpaid medical officials into chronic and, to the State, costly pauperism;—I am indeed earnest in begging your readers of professional and social authority to come hither and see how speedily much of the mischief over which Gwydyr House presides might be got under.

To begin with. They who would succeed as reformers of the sick-poor treatment in England must approach the British ratepayer through his breeches-pocket. Prove to him that sound public health means empty workhouses, and consequently very low rates. A sick creature is a dear creature. Our shrewd neighbours understand this, and have directed charity carefully to the convalescent poor. In London you are discussing convalescent hospitals. In Paris the poor sick workman, who needs fresh air and nutritious food to get back his normal allowances of heat and muscle, can repair to the splendid establishment at Vincennes; the workwoman to the Vesinet. One of the finest charities in the French capital is that which gives timely help to the poor as they issue, discharged, from the hospitals. The London plan is to break up the home, to stint the sick diet and the drugs, and so keep up the stock of pauperism in the workhouse.

Out of the unassisted or ill-assisted sick poor of England, we have been told by an authority none have ventured to contradict, 72 per cent. of the English paupers, who collectively cost about £7,000,000 sterling per annum, are made; and yet the Poor-law Board will not move to stay the manufactory. The workhouse medical officer is underpaid and overworked; the methods of distributing the drugs he orders are left to the will of guardians, or if he has contracted to supply medicines as well as advice, it is at so low a rate that he cannot afford to give his patients the drugs they require! I have already dwelt on the manner in which these things are regulated in Paris, and regulated, let me add, without striking a death-blow at "local self-government." The Central Store, the Central Pharmacy, the

Central Meat Depôt, feed the twenty arrondissement Bureaux de Bienfaisance—each according to the wants it makes known. The arrondissement Bureau, in its turn, supplies the Maisons de Secours, or houses of help, within its circumscription. Every part of Paris is duly provided with its House of Help, to which the poor resort in sickness or in an emergency. And the House of Help is a dispensary, as well as a place for medical consultations, and distributions of clothing. It is a pleasant sight to see how smoothly all the duties proceed of a morning; and how apt and gentle the sisters are in helping the poor to carry out the doctor's orders. It is the humane air that is upon the scene—the seemliness and the quiet, which strike the visitor who can remember the kind of treatment which the English workhouse poor experience—to our shame—but, let this be evermore insisted upon, to our wasteful cost as well.

There is a House of Help on the north side of the Mairie, by the Church of St. Germain l'Auxerrois, to which the properly curious Paris visitor may repair with advantage, furnished with a note from the Central Bureau. It is an excellent sample of the best of these establishments: a school; a consulting establishment; a dispensary; a store for linen that may be wanted on an emergency. It is administered and worked by a few gentle sisters, who surely here are doing woman's proper work.

Pray is there any sound reason why Houses of Help should not exist in London, and under the control of a central board, as well as that of an arrondissement bureau locally administered? The local authority is valuable; and is sensibly carried out in Paris, where it is an honour in one's neighbourhood to be of the committee of the poor. There are in Paris no growths of poor through the maltreatment or neglect of the sick, like that which Dr. Rogers describes at Birmingham, and in several metropolitan parishes, where the manner in which the sick shall be treated is left to the temper, whim, or taste of guardians.

The care with which the sick poor are nursed back to perfect health by the plans now in full operation in and about Paris comes from that far-seeing providence which is a prominent French characteristic. Inquire, and you will be told that to give health to the poor is the very cheapest way of assisting them. Can there be a doubt on the subject? The only capital they have in the world is their store of strength: let this fail, and the State must provide for them. Surely, then, it is best to prop up their strength.

The Poor-law Medical Officers' Association are at the root of the evil, when they insist on a complete reform of the medical treatment of the English poor (rather in the direction of Paris than of Ireland). If homes were broken up in Paris, as they are in London, because they want temporary relief, Napoleon's capital would not have its actual general holiday look. More timely help in England would decrease the pauperism; and improve the race. For the consequences of our fundamental blunder spread. The sick poor man and his wife are neglected; they create children with hereditary taints and defects—in other words, creatures who, under the Poor-law system, must become paupers or criminals. You save a bottle of quinine, and add a family's keep to your liabilities. You will not nourish the convalescent poor man into strength for work: he languishes, and you must house him to the end of his days, and rear his family of sickly children.

Years ago, when I was going over the establishment of the Enfants Assistés, the director answered my observation, that so vast an establishment must be costly, with a Frenchman's shrewdness. "It is much cheaper than prison," said he. "We must get a home for them, and teach them to maintain a home for themselves, or society will have to keep them altogether." With us the workhouses are the entailed inheritances of the children of our streets. We have not reached yet even that elementary providence, the proper treatment of the pauper invalid, that he may be enabled to return to work and independence.

THE ROYAL COLLEGE OF SURGEONS.

MR. LE GROS CLARK'S LECTURES ON SHOCK AND VISCERAL LESIONS.

LECTURE II.

LESIONS of the Thoracic Viscera formed the subject of Mr. Clark's second lecture. The elasticity of the chest-walls, he remarked, physiologically essential for respiration, also protects the viscera remarkably from the consequences of external violence. Fracture of the sternum alone is rarely the consequence of direct violence, but is more commonly caused by forcible flexion of the spine. The fracture is then simple and transverse, and displacement of the broken bone is prevented by the strong lateral relations of the sternum. Fracture of the ribs, too, is more common from indirect than from direct violence; and the lung then mostly escapes, though local pleurisy usually ensues. The higher the rib fractured, the more serious the injury, from the greater frequency of wound of the lung. Much hæmorrhage in such cases is rare in civil practice, though wound of the lung commonly entails a little hæmoptysis and some local pneumonia. The shock in such injuries is usually transient, but is now and then severe in contusions of the chest. In one case of a heavy weight falling on a boy's chest the collapse was profound, though his entire recovery in a few days proved that there could be no organic lesion.

Wound of the lung in fractured ribs is nearly always due to direct violence—a sharp circumscribed blow, or else forcible compression of the whole of the walls of the chest. Its pathognomonic sign is the escape of air from the tissue of the lung. Whether that escape is into the pleura or subcutaneous cellular tissue depends on the mechanical correspondence of the wound in the lung to that in the costal pleura, such as may be determined by adhesion between the two surfaces, or the degree of distension of the lung at the moment the fracture occurs. The rapidity of the spread of emphysema may be taken as a measure of the gravity of the injury to the lung. The accumulation of air in the pleura is sometimes considerable, so much so as to cause paracentesis to be contemplated. But when the distension is greatest, air ceases to enter the lung, or be pumped into the pleura, and then the lung heals and expands *pari passu* with the removal of the air. This removal is accomplished by the constituent gases being dissolved by the fluids of the part, and thus absorbed.

Of pulmonic hernia Mr. Clark related an interesting case. A man was knocked down by the pointed shaft of a vehicle, which struck his chest just below the clavicle. At the seat of injury at each inspiration a large crepitant tumour presented itself, which disappeared at each expiration, leaving a deep depression capable of containing a couple of ounces of fluid. At the spot there was a large gap in the chest walls from the absence of the second rib, which, near its attachment to the sternum, was displaced and driven in. Next day general emphysema commenced, and broncho-pneumonia set in, but the symptoms gradually subsided, and the patient recovered. The gap remained, but presented more consistence, and the inspiratory bulging was scarcely perceptible.

Contusion of the lung without fracture of the chest walls is rare, but may occur. Congestion of the lung is not an unfrequent consequence of pugilistic encounters, and may lay the foundation for the organic disease which so often proves fatal to those engaged in them. Serious functional derangement without organic lesion may occur from simple concussion of the chest, transient, and subsiding without ulterior results. There is partial arrest of the flow through the capillaries, causing engorgement of the vessels. This condition is evidenced by defective resonance, and other signs. The shock appears to paralyse the vasi-motor nerves. Death may occur under these circumstances, and that rapidly.

Penetrating wounds of the lung are rare in civil practice. Their chief danger consists in the early loss of blood. The risk of subsequent inflammation proving fatal is less than that of the hæmorrhage. The pneumonia does not extend far from the seat of injury. The lung implicated becomes permanently solid, and, unlike the plastic deposit in non-traumatic pneumonia, the fibrinous deposit in the lung is not absorbed without obliteration of texture, all the tissues being involved in the effort to repair the breach of substance.

THE LANCET.

LONDON: SATURDAY, JUNE 12, 1869.

THE very prolonged discussion which has followed the reading of Dr. EVORY KENNEDY'S paper on "Zymotic Diseases, as more especially illustrated by Puerperal Fever," before the Dublin Obstetrical Society at the College of Physicians, sufficiently attests the importance of the subject and the interest it has excited. The speakers have been very numerous, ranging from the most eminent to the comparatively unknown members of the profession in Dublin. The question is one which pre-eminently demands that its consideration shall be approached in an honest and impartial spirit. It is not enough—to borrow an expression of the late Archbishop of Dublin—that we desire to have truth on our side; we must set out with the desire to be on the side of truth.

In the first place, Dr. KENNEDY conceives that the different zymotic poisons may be ascribed to a common origin, modified by a variation in natural or physical circumstances or conditions; and he proceeds on this hypothesis to account for the contemporaneous prevalence of continued fever, typhus, or erysipelas, in the medical and surgical hospitals, with that of puerperal fever in the lying-in hospital, as well as in the city generally. He gathers up and includes in the designation "zymotic metria" all the varieties and types of puerperal fever, or metria, and its congeners, such as partake of the characters of, and are amenable to the laws regulating, the zymotic group of diseases generally; and he throws into the form of propositions what he has to say regarding its origin and spread. Puerperal metria he holds to be due to the absorption of a poison, which may be generated by any parturient female, and be absorbed into the system of the generator or that of any other parturient female exposed to its influence; that the generation of this contagion is in direct proportion to the number of parturient females associated together at their parturient period, or breathing the same atmosphere; that this disease finds its habitat in large lying-in hospitals; that it is contagious, and may be endemic or epidemic; but, above all, that it is *preventable*. And, as negative propositions, Dr. KENNEDY dwells upon what he asserts to be the fact that puerperal metria is rare among patients confined at their own homes or in small lying-in hospitals. The practical conclusions which flow from a consideration of these premises are sufficiently obvious—namely, that we ought to abolish the big institutions, and substitute small ones, if we retain any. Dr. KENNEDY marshals an array of evidence of a statistical character in support of the formidable bill of indictment which he has drawn up against the existing hospitals, describes the picturesque huts in Swiss and Italian style which are to replace them, and with a short paragraph, which forms a kind of peroration, he concludes a paper which, if it cannot be said to have advanced anything very new, has the merit of being a brilliant and vigorous attack.

There are certain points on which most men of experience are agreed: such as the susceptibility of lying-in women to blood-poisoning of all kinds; the contagiousness of puerperal and other fevers; the influence of an hospital atmosphere in fomenting, if not in generating, animal poisons; and the downright reprehensibility of having midwifery wards in connexion with general hospitals. The objections which apply to ordinary hospitals can be urged with far greater force against lying-in charities. If the question could be divested of all other than purely sanitary or medical considerations, we do not think anyone could hesitate a moment in pronouncing judgment in favour of confinements at home as against those in hospital; and, as between large and small lying-in hospitals, the preference must, equally, lie with the latter. But the question, it is urged, cannot be so divested. Here are large institutions erected by their charitable founders. To pull them down and build others would involve grave financial difficulties. To close lying-in hospitals altogether in favour of the maternity system of domiciliary parturition would be to deprive the poor to a large extent of good doctors and good nurses, cleanliness and food, quietude of body and mind, and moral and social influences, such as they now possess in these hospitals and cannot obtain elsewhere.

The fact is, many of our public hospitals are badly constructed for the purpose for which they were intended; and those for midwifery cases are often of a character quite incompatible with effective sanitation.

Dr. KENNEDY'S statistics received a good deal of severe handling in the subsequent discussion, and they are, doubtless, open to objection. In order to institute comparisons and deduce sound conclusions it is necessary that all the facts and conditions be known. Between hospital and extern confinements we cannot draw a parallel until we have thoroughly reliable statistics of the nature and causes of the mortality in both classes; and the comparison must be instituted between exactly the same classes of society and living under the same conditions, and extended over long periods of time, to counteract the liability to fluctuations which otherwise occur. It was the unreliability of the statistics of extern practice that gave rise to much "beating of the air" in the discussion; for, as Dr. KIDD remarked, if those adduced could be depended upon, lying-in hospitals ought to be closed at once; but he and others contended that they could not be accepted. Although we cannot rely upon the statistics afforded by extern practice, there ought to be no insuperable difficulty in drawing conclusions from those furnished by large and small hospitals; and Dr. KENNEDY dwells justifiably, as it appears to us, on the contrast presented by them. There can, however, be no fair basis of comparison between the results obtained at a large lying-in hospital in the heart of a city, deriving its patients from all sources, and including the very poor and dirty, and the victims of seduction, or, it may be, subjects of previous neglect and unskilful treatment, and those obtained at a small hospital in a country town, drawing its patients from the married women of a comparatively rural class. The women confined in our metro-

politan workhouse infirmaries are generally drawn from the poorest classes, and large numbers of them are single women and primiparæ. If we compare the death-rates in these institutions with those of the Dublin Lying-in Hospital we get the following results:—The total number delivered at the workhouses for five years, from 1861 to 1865, was 10,203, with 76 deaths, or at the rate of rather less than ·75 per cent. At Dublin, for the whole period since the foundation of the hospital, the total number of recorded deliveries was 190,783, with 2627 deaths, or a ratio of 1·37 per cent. For the last fifteen years, however, the annual mortality, according to Dr. E. KENNEDY'S tables, has never been *less than* 1 *in* 64, *and it has risen in one year to* 1 *in* 14. A study of these tables only serves to illustrate what has been long known—viz., that you cannot aggregate a number of lying-in women under one roof without engendering a terrible proclivity to outbreaks of childbed fever. The great fluctuations in mortality have evidently depended upon the presence or absence of this disease; and as the institution has increased in age so has the mortality augmented.

In endeavouring to trace the sources of metria, we must not forget to estimate aright the following factors: the part played by what we may term epidemic influences; the personal causes; the conditions by which the individual is environed; and the influence of contagion. Within the one term "puerperal fever" we are, it may be, embracing two classes of the disease, probably etiologically distinct, at any rate very different—viz., those which arise from causes or conditions within the body of the individual attacked, and unconnected with any defective hygienic arrangements surrounding the patient; and those connected with, and traceable to, a morbid cause transmissible from one human being to another.

As to the communicability of puerperal fever there can be no doubt; but we have cases exactly simulating those of puerperal fever arising from uterine phlebitis, &c., which need have nothing to do with the existence of insanitary conditions. Whether these ought to be considered as identical with, or even allied to, zymotic metria seems doubtful. We agree with Dr. M'CLINTOCK, and Prof. FORDYCE BARKER of New York, in considering them as distinct. Dr. M'CLINTOCK rejects the idea of the contagiousness of the non-zymotic local inflammations, whether uterine or peritoneal, incident to childbed; and he thinks this truth cannot be too widely known, because practitioners have sometimes been wrongly accused, and stung with much self-reproach, when, in truth, they were clear of all blame.

The different speakers appear to have considered the picture painted by Dr. KENNEDY as somewhat exaggerated in its colouring, and to have regarded some of his doctrines, if not incorrect, as at least too arbitrary or exclusive. We must, however, in a future article return to the discussion of the important questions raised by Dr. KENNEDY'S paper.

IN the current number of *Macmillan's Magazine* is contained a speech by Mr. HUXLEY, in which he criticises with much vivacity the modern system of education,—not, however, without showing in what way, in his opinion, it might be improved. Whatever Mr. HUXLEY'S views may be, his enemies—and we expect he has not a few—cannot but admit there is no atom of fear in his composition. What he thinks he speaks; and that with no feeble or uncertain sound. There is in him a genuine English hatred of cant and untruthfulness in all its phases, whether scientific or religious, that has rarely found such vigorous expression; and if he sometimes wounds the sensibility of the pious, he at least commands their respect by his earnestness. Perhaps, on the whole, it is fortunate for him that the hierarchy are restrained from ecclesiastical retaliation, or we fancy he would long ago have been chewing the cud of sweet and bitter fancy in the Lollard's tower, and might even now be placed on the rack, for the amusing division of the clergy, in the present speech, into an immense body who are ignorant and speak out, a small proportion who know and are silent, and a minute minority who know and speak according to their knowledge. Passing, however, to the main point of his speech, we find Mr. HUXLEY urging most strenuously the introduction of a systematic culture of science into our schools. The recent inquiries that have been instituted for the purpose of ascertaining the general results of school education, and the experience of all examiners on this point, are most uniform, and, we are sorry to add, most lamentable. They all tend to show that the amount of knowledge obtained by boys of from sixteen to eighteen years of age on leaving school is almost *nil*, and that what has been acquired is eminently unserviceable in after-life. A smattering of Greek and Latin, which does not enable him to translate the simplest sentence of his mother tongue into those languages, or to give the derivation of a single scientific term—the merest modicum of mathematics—and a jumble of history and geography, or none at all,—is about what the average boy has acquired when he is removed for the purpose of entering one of the professions. Is it extraordinary that each generation makes such small advances on the preceding? And might we not ask, with Lord BACON, whether we "are the richer by one poor invention by reason of all the learning that hath been learnt for these many hundred years in schools"? Instead of such work as this, says Mr. HUXLEY, let every child be instructed in those general views of the phenomena of nature which would teach him what is on the earth and in it and about it; and after he has become familiar with the use of the tools of knowledge—reading, writing, and elementary mathematics,—let him pass on to what is in the more strict sense physical knowledge, as botany, chemistry, and elementary physiology, on the one hand; and physics—i. e., natural and mechanical philosophy—on the other. Surely this is both sensible and practical. Is it not better to teach a boy, at the period of his life when his powers of observation and his memory are the keenest, what he would regard as a pleasure rather than a task, and which would eminently fit him, by truly educating his mind and giving him comprehensive views of the outer world, for any career he may subsequently select,—than to teach him that which is so dry and unpalatable that he detests it from the bottom of his heart, that he never half acquires, that demands the intelligent appreciation of much riper age to perceive its value, and is then acquired in one-tenth of the

time? Mr. HUXLEY'S observations on this point are excellent:—

"The great peculiarity of scientific training," he says,—"that in virtue of which it cannot be replaced by any other discipline whatever,—is the bringing of the mind directly into contact with fact, and practising the intellect in the completest form of induction; that is to say, in drawing conclusions from particular facts made known by immediate observation of nature."

But such training should be real. The teachings of books, if not discarded, should be strictly compared with the objects themselves, and nothing should be taken for granted. The chief difficulty that strikes us in the matter is that which occurred to the old Scotch lady, who exclaimed, when she heard of the introduction of gas, "What is to become of thae puir whales!" What is to become of the present race of schoolmasters?

THE attention of the public has been often called to the effect of the multiplication of small and special hospitals upon the funds of the larger ones. The former, being practically private speculations, are pushed by their promoters with all the energy and resource of faculties sharpened by self-interest; while the latter appeal to the public only by their solid and unostentatious usefulness. The result is, that the former absorb an enormous amount of what may be called the hospital fund of the metropolis; and that the latter, in spite of the somewhat monotonous advertisements of well-meaning secretaries, languish for want of support. That the Westminster or King's College Hospital, both comparatively inconspicuously placed, should be in a state of chronic insolvency, is perhaps a matter less of surprise than of regret. But when the same state of things is found to apply to St. George's—to the great charity that forms a prominent object at the very centre of gathering of all the wealth and fashion of London, and that ministers in their sickness, be it said by the way, to most of those who minister to the luxury of that wealth and fashion,—we may be sure that the evil springs from some deep root. It is very easy to declaim, as peers and prelates declaimed at a great meeting at Willis's Rooms on Saturday, about the duty of providing accommodation for the sick, and about the slackness of the Belgravian residents in the support of their local hospital. The appeal will doubtless call forth a shower of cheques, will tide over the present difficulty, and will probably enable the governors to open the new wing. But will it at all reach to the causes of the financial state of the hospital, or prevent a recurrence of the embarrassment that we agree with the speakers in calling discreditable, although we do not attribute it entirely to the selfishness and neglect of those whose gorgeous equipages pass daily beneath the walls that give shelter to so many of their servants and dependents. When we consider the amount that is annually given to hospitals in London, the charge of neglect of duty appears to us to be hasty, if not absolutely unfounded. It may be true that there are only six hundred regular subscribers to the hospital in the Belgravian district; but, before we totally condemn the defaulters, let us ask how many of them subscribe to hospitals for cancer, or consumption, or sore-throats, or sore legs, or stone in the bladder, or to dispensaries that do little else than encourage habits of helplessness and dependence,—and subscribe to them, not merely because of the pleadings of their proprietors, but chiefly because they are bolstered up by the names, as consulting officers, of surgeons and physicians of the highest credit and repute. It is pleasant to hear a duke or a bishop denounce luxury and selfishness; and we have no wish to interfere with the due performance of a task that is edifying, and not extremely difficult. But when the sinners in purple and fine linen have been duly scourged, and when they have given due evidence of their penitence by their donations, we should like humbly to suggest to the duke and to the bishop that they are legislators. The causes of the financial collapse of our great hospitals form a fitting subject for legislative inquiry and enactment. If it be the duty of the Belgravian residents to support St. George's Hospital (and of this we are now assured), it is a public duty to support hospitals in general, and to support them on principles of economy and of efficiency. If the break-down of our present system be the result merely of the accidental vices that are engrafted upon it, then it is high time that the system should be reformed. But if, as we strongly suspect, it is impossible to do a great charitable and scientific work, thoroughly and impartially, upon a basis of voluntary contributions, and by means of self-elected administrators, then it is high time that this impossibility should be recognised after due inquiry, and that the control of hospitals should be vested in a department of the State.

WE hope that they who have to enforce the Compulsory Vaccination Act will not be hindered in the discharge of their duty by the whims and fancies of crotchety people, even if these should happen to be medical men. It is with a view to encourage magistrates and guardians to a hearty discharge of their duty in this matter that we now allude to the question of compulsory vaccination. There are several secondary, though very important, questions concerning the details of vaccination which we may discuss by themselves; but at present we wish to make those who are responsible for the application of the Compulsory Vaccination Act feel that in applying it they are doing only a reasonable and benevolent thing, and that in imposing sensible fines upon those who resist they are only doing their urgent duty to the public.

Let us consider what a man claims who refuses to be vaccinated, or to have his child vaccinated. He claims the right to have in his own person or that of his child an intensely contagious and dangerous disease, which, apart from vaccination, is certain to spread to other people. When Mr. SKELTON or any other objector meekly submits to the fine imposed by the Act rather than have his child vaccinated, he excites a certain amount of sympathy, because it is undoubtedly a decided interference with a man's liberty to insist that he shall subject his child to a surgical operation—albeit, in the opinion of mankind and of scientific men, the most beneficent operation that has ever been practised; and, further, because the consequences of non-vaccination to that child and to others are remote. But this is a very short-sighted

view of the case. Suppose that child to grow up and to have, as it very probably will have, small-pox, and that public vaccination were neglected or not enforced, what may happen? Just what is constantly happening: a great many other people would get the small-pox because Mr. SKELTON would not have his child vaccinated. If the risk of non-vaccination were confined to Mr. SKELTON, or even his child, then, perhaps, we could not justify the compulsion. But as his liberty may involve twenty people in small-pox—such a case was reported a short time ago in our own columns,—we say it is a case for the restriction of personal liberty; in other words, for legislation, for law is nothing more nor less than the restriction of personal liberty. We deny the right of Mr. SKELTON to give people the small-pox, even if we could concede the right for him to have it himself, or let his child have it. We have seen an infant blinded for life by small-pox; its foolish mother determined to have no more children vaccinated because one of her children had very sore arms after vaccination. The child got the alternative disease, and lost both its eyes. We hope Mr. SKELTON'S child will have better luck. We lately saw a boy with a large oval ulcer on his arm, several inches long, which was occasioned by small-pox five years ago, and which obstinately refuses to heal. But what we wish to impress upon those who resist the Compulsory Vaccination Act, or, if they are hopelessly crotchety, upon those who have to compel them, is that the liberty to go unvaccinated means, practically, the liberty to terribly injure other innocent and sensible people, and that this cannot be conceded in a highly civilised country like this, the supreme law of which is the health and welfare of the greatest number.

There is only one answer to this reasoning—namely, that vaccination is a more certain evil and a greater one than the disease from which it is meant to save the vaccinated. It is conceivable that a non-medical parent, having had exceptional trouble from the vaccination of his child, should take this view. But how any medical man, taking a large view of the facts of the case, can do so passes our comprehension. Many men of large experience in practice have never seen the transmission of serious disease by vaccination. This proves, at any rate, that the transmission is extremely rare. Even if it occurs at all, it is simply ridiculous to compare it with the palpable evils of small-pox itself, which kills right and left, and which, when not fatal, produces lasting consequences of the most serious kind. It is estimated that before vaccination, small-pox used to kill half a million of people annually in Europe, to say nothing of the permanent disfigurement and other effects which resulted. But it is alleged Dr. JENNER expected too much from vaccination. This is true, and it is not true. He thought that vaccination would be absolutely protective, and so it is if used freely enough. His error was in thinking too highly of a single vaccination. But that vaccination has only to be properly used to be an absolute protection, and that it might be so used as to exterminate small-pox, is proved by facts, of which we will only mention two. First, that among the nurses and servants of the Small-pox Hospital, who, on entering on their duties, are revaccinated, there has not been one case of small-pox for thirty-four years. This fact alone is conclusive. But we may instance another. In Ireland the mortality from small-pox in the year is reduced to twenty, by reason of vaccination only, not of revaccination. JENNER only erred in not perceiving that the more vaccination that was induced the greater the protection of the vaccinated. The effect of vaccination tends to wear out. But this is not an argument for no vaccination, but for a more perfect vaccination in infancy, and a repetition of the operation after some years. We maintain, in the light of all these facts, that compulsory vaccination is a most beneficent use of the authority of the State, and we exceedingly regret that any member of our profession should give any sanction to the crotchety people who oppose it. As our last word, we deny Mr. SKELTON'S right to have the small-pox, for the simple reason that he cannot have it all to himself.

Medical Annotations.

"*Ne quid nimis.*"

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the meeting of the Society on Tuesday evening, a paper by Mr. Poland was read. It consisted, as a sort of nucleus, of an account of a case of aneurism or dilatation of the subclavian artery, successfully treated by compression; the treatment being rendered possible by the existence of unusual relations between the vessel and the uppermost rib. Around this nucleus were clustered full accounts of some unpublished cases of subclavian aneurism treated by other surgeons; and around these a collection of 107 published cases, traced to their original sources, and examined by the author of the paper with reference to their bearing upon various important points of pathology and treatment. The last-named portion was not read to the Fellows (for indeed the earlier portions were not concluded until a quarter before ten); but the secretary stated that the whole might be regarded as an elaborate treatise upon the subject. Mr. Holmes then rose to inquire whether it was to be considered that the portions not read were "received" by the Society; and was answered by the chair in the affirmative. He thus raised, we think, a highly important question, and one that has much bearing upon the usefulness of the Society. If the funds allow, we see no objection to the publication in the Transactions of matters that have never been brought before the Fellows at all. But the great object of the evening meetings should be discussion; and we object very strongly to an evening being occupied by a lengthy paper that leaves no time for debate, or by one concerning which debate is impossible, or is limited to the asking of questions, because the data on which the author relies are too cumbrous to be laid before the Fellows. We would strongly urge upon the Council that they should consider this question, and that they should encourage, as far as may be possible, papers of moderate length, capable of being read by the secretaries, and of being discussed by the meeting.

At the close of the brief discussion on Mr. Poland's paper, Dr. Hawksley exhibited a beautiful and ingenious instrument which he had devised for experimental research on the physiological and pathological dynamics of respiration and circulation. He calls the instrument a "stetho-sphygmograph": for it records synchronously and in parallel lines the tracings caused by the movements of several organs, so that the lines enable the observer to tell accurately what various parts of the living machinery are doing at the same instant of time; giving also the quantity and quality of the work done by each; and, lastly, the relation and har-

mony of movement between them. Dr. Hawksley stated that such delineations of respiratory movements had not been produced before. Dr. Marey has, indeed, arranged an instrument for giving tracings of the thoracic movements *as a whole*;* but Dr. Hawksley's instrument takes up the movement of any distinct part of the thorax, and, by comparison with the corresponding tracings of the same part on the other side of the chest, questions may be answered as to equality of movement, or as to interferences from physiological or from pathological causes. In this respect the instrument promises considerable usefulness in discovering the early evidences of impaired function, and in notifying the recovery from or the advance of disease. As a sphygmograph, the instrument differs from the beautiful little product of Marey's genius in the following particulars: 1st. It is more easily applied and adapted to a variety of cases. 2nd. It gives a picture directly on paper without the intervention of smoked glass, and on paper of any length; and the pictures are easily repeated, so as to exclude chance of error. 3rd. It gives very clear and characteristic delineations of the cardiac movements. 4th. It associates the delineations of the pulse or heart movements with those of respiration and of the circulation in distant parts of the body. So that a great variety of questions may be answered by the instrument as to the absolute and comparative movements of different organs, of their relation to each other, and of the time occupied by the conveyance of motion from one part of the system to the other; as for example, the time occupied by the passage of the blood-wave from the heart to the radial pulse, or to the femoral artery, in childhood, youth, age, and under the different diseased conditions of the respiratory or circulatory organs.

NAVAL MEDICAL SERVICE.

WE are in a position to announce with certainty the near approach of one of the most important changes which has been effected of late years in the Naval Medical Service—one which will tend more than anything else to bring about a satisfactory state of mind among the higher branches of the medical service of the navy. We allude to the enforced retirement of those fortunate officers who have for more than five years held comfortable shore-going appointments in our dockyards and naval hospitals; and the probable future limitation of the tenure of these much-sought-after offices to a short term of years, instead of being practically for life. The result of this order will be to render vacant immediately the following posts:—The Staff-surgeoncy at Sheerness dockyard, at Pembroke dockyard, at Deptford victualling yard, at Haslar Hospital, at Yarmouth Hospital, at the Royal Marine Infirmary, Portsmouth; at the Royal Marine Infirmary, Plymouth; at the Royal Marine Artillery Infirmary, Portsmouth; and at Malta Hospital. The assistant-surgeoncy to Keyham yard will also be vacated, and other valuable appointments must necessarily shortly fall in.

The effect of this alteration will be to convert the present stagnant state of the list of staff-surgeons into one of activity. Shore appointments, being no longer held for ten or fifteen years by the same fortunate incumbents, will be open to all who by previous service afloat have earned a right to a quiet post ashore for a year or two. We believe that every care will be taken to inflict as little hardship as possible upon individuals, and that every opportunity will be given to each officer to complete the time requisite for the maximum rate of pension; but it has long been an anomaly in the service that medical appointments should be virtually for life, whilst the highest and most lucrative executive offices are limited in time.

We believe that the whole of the Naval Medical Service will agree with us in regarding this as a most important step of reform on the part of the Director-General of the Navy. There must be, of course, a certain amount of disappointment on the part of the fortunate few who thought themselves settled for life, but the interest of the whole service is so evidently promoted by the alteration that a little reflection on their part will no doubt bring consolation with it.

It is to be hoped that this is but the first instalment of a new *régime*, and we trust that Dr. Armstrong will have the support he deserves in carrying out to the full those innovations which the interests of the service require. First among them we would venture to put an amended board of examiners for the naval service, similar to, if not identical with, the board which examines at Chelsea for the army. Second, we would mention the formation of a naval medical school, after the model of Netley, and if possible at Greenwich, its natural home.

* Mouvements dans les Fonctions de la Vie; par E. J. Marey; p. 163. Paris, 1868.

THE DEBATE ON MR. GOSCHEN'S BILL.

THE second reading of Mr. Goschen's Metropolitan Poor-law Amendment Bill has, we are glad to see, been carried. The debate on this occasion gave some striking proofs of the extraordinary ignorance of the subject of Poor-law expenditure which prevails in the House of Commons. It is amazing that an able country gentleman like Sir Massey Lopes, who takes so deep an interest in local taxation that he has attempted to lead an agitation in favour of some most radical changes in the existing system, should rise to speak in the House of Commons with so profound a misconception of what the elements of local taxation really are. He stated that in certain provincial towns the poor-rates amounted to seven shillings in the pound! and, what is more remarkable, we are not sure that anyone specifically contradicted him. Yet the slightest inquiry would have shown Sir M. Lopes that the amount in question included *all* the local rates, and that those for the poor would only amount to about one-third of that sum. There is something very disheartening in the discovery that, after years of incessant agitation on Poor-law matters, our legislators are still in such dense darkness respecting them.

The speech of Mr. McCullagh Torrens was ingenious and plausible. The very fact, however, that Mr. Torrens had expended great time and pains in arriving at what he no doubt sincerely believed to be the real facts as regards the comparative merits of hospital as against domestic treatment of the sick poor, shows the impossibility of useful inquiry on such subjects by an amateur; and, certainly, if there be one subject more than another on which it is undesirable that the public should be misled, it is the question whether the hypothetical "hospitalism," of which we hear so much just now, be or be not a substantial fact, and a genuine product of mere *aggregation* of the sick. No doubt the very small minority in which Mr. Torrens was left expressed, not merely—nor so much—the indisposition of the House to try an experiment like that of a Royal Commission of Inquiry, as an impatience of amateur guidance on matters as to which a very brief consideration would convince the majority of sensible laymen that it would be unsafe for them to form an opinion.

INFANTICIDE IN LONDON.

ON the evening of Thursday week Dr. Lankester delivered a lecture on this subject to a large audience in the Freemasons' Hall. Lord Shaftesbury was to have presided, but

being detained at the House of Lords, his place was filled by Mr. Charles Reed, M.P. Dr. Lankester stated that in his district there were 55 cases of infanticide in 1863, 56 in 1864, 61 in 1865, 75 in 1866, 53 in 1867, and 52 in 1868; but in too many instances he had discovered a tendency on the part of juries to return open verdicts of "found dead" or "still-born," and therefore he considered that the verdicts returned afforded no indication of the actual number of cases of infanticide occurring. He believed the late Mr. Wakley was right in fixing them at 300 a year, and from this basis he reasoned that "as the murderess was generally twenty years of age, and seldom repeated her crime, taking the average life of women at sixty, it followed that there were 12,000 women living who had committed the offence." Referring to the greater prevalence of infanticide in some parts of London than in others—Islington showing worst, relatively to population, in this respect,—to the fact that the crime was mainly confined to domestic servants, to the effects of "baby farming," and to the great mortality of illegitimate children, Dr. Lankester concluded by stating the remedies which in his view should be applied—namely, an alteration of the bastardy laws, the substitution of some other than capital punishment for infanticide, a compulsory registration of births (still-born included), and the enactment of punishments for the concealment of pregnancy.

We have all sympathy with Dr. Lankester in his desire to put an end to infanticide, to which end the means proposed would possibly suffice in great measure. The only point upon which we cannot go with him is his assertion about the 12,000 murderesses living amongst us. Such an idea is much too horrible to find ready acceptance, and we cannot help thinking that there must be some fallacy in the statistical reasoning which leads to so startling a result. The condensed report of Dr. Lankester's lecture from which we write is not explicit enough to warrant us in discussing this theory at present, but we do not hesitate to avow our conviction that it does considerably exaggerate the extent to which the crime of infanticide prevails in the metropolis.

THE NOMENCLATURE OF DISEASES.

THE general issue of this work to the profession, and the curiosity and interest with which it has been examined, have led, as might be supposed, to much criticism of its contents. The classification adopted does not appear to give unmixed satisfaction; but then unmixed satisfaction is rare in respect of mundane things, and the authors would doubtless be well able to defend their work. Our attention has been called, however, to certain errors and blemishes in the foreign portion, and we trust that these may be amended before the time arrives for the decennial revision that is promised on the title-page. It appears that the editors must have been in some cases unfamiliar with the received foreign names of the diseases of certain organs, and that they have coined a nomenclature for themselves by literally translating the English terms into French, German, and Italian, to the exclusion of the equivalent terms actually used by French, German, or Italian authors. It is manifest that no individual can have a sufficient knowledge of the whole range of medical literature to revise a nomenclature for special departments that he has never been led to pursue, and we trust that the assistance rendered by Messrs. Cartwright and Tomes, in dental matters, will be rendered also by other specialists whenever the next edition of the work is in course of preparation.

ST. MARY'S HOSPITAL SCHOOL.

OUR readers will mostly be aware that vacancies are likely to occur in the aural and ophthalmic departments of St. Mary's Hospital. We hear, with much regret, a report that an endeavour will be made to avoid the introduction of new blood into the staff, by conferring the appointments in question upon some of the present officers. We trust that this report is unfounded; but it is a serious matter that it should be credited by anyone. The object of special departments, at an hospital to which a medical school is attached, is simply the better instruction of the students; who are intended to benefit by the zeal which a teacher is likely to display with regard to his particular field of work, and by the leisure and opportunity that he enjoys for cultivating this field to the uttermost. That a general surgeon, with the whole range of clinical surgery before him, and with the cares of a large practice, can effectually teach in a special department, is a thing wellnigh impossible; and it would necessarily follow from his attempt to do so that his students would never be brought abreast of the knowledge of the day. In some of the older hospitals the endeavour to graft special teaching upon ordinary work, as a means of avoiding any addition to the staff, has been regarded with indulgence as a step in the right direction, and as being a less evil, to say the least, than no recognition of special teaching at all. But St. Mary's has seen better days, and should set an example of liberality and of enlightenment. The plan to which we have referred would be of a distinctly retrograde character, would be thoroughly unsatisfactory alike to the public and to the profession, and could not fail to inflict irreparable injury upon the efficiency and the prosperity of the school.

THE NEW DRAINAGE WORKS AT GIBRALTAR.

WE alluded last week to this subject, and we have acquired some further information which may not prove altogether uninteresting. The sanitary commissioners at Gibraltar appear to have, somehow or other, made a terrible muddle of the new sewage drainage; and the failure of the plan is staring them in the face just at the moment when an anxiety about the supply of water, the actual presence of the hot weather, and the occurrence of sporadic cases of typhoid fever, render it doubly desirable that the sewerage of the town should be in as good a working condition as possible.

Steps were commenced last year to lay down a large main sewer along the course of the principal street of Gibraltar, a street which, many of our readers may know, runs north and south from one end of the town to the other. Into this main all the house drains were gradually directed, and communications opened up with all the streets and lanes running up the face of the Rock, the extremity culminating at a high level, near the Moorish Castle at the northern extremity of the city, from which point it was arranged that a powerful flushing apparatus should frequently cleanse out the whole system. To avoid as much as possible the inconvenience occasioned by a wholesale turning up of the roads and streets of the city, the work was commenced at Southport Gate, the point nearest the outfall, and, as the work progressed, each house was connected with the main, and an escape for its sewage at once provided. The works were carried on with great energy, and the pipes have now been all laid; but the flushing arrangements are still in embryo, and we are given to understand that it will be several weeks, if not months, before they can be completed. Unfortunately, however, as the main sewer advanced into the city, means were not taken to keep up a system of temporary or partial flushing, and the small amount of rainfall which has occurred during the winter has rather tended to carry into the drains an amount of silt and sand than to wash away the soil which has gradually collected. The

consequence is that already, in the very centre of the town, a portion of the main sewer has been found to be completely blocked up, and it is feared that this may necessitate the opening up of the whole main. In the meanwhile, upwards of two hundred water-carts are daily employed in pouring water down all the gully-holes, in hopes that the resistance may be overcome, and the opposing mass thrown out. The supporters of the new scheme are naturally not in very sanguine spirits. One thing is certain,—supposing the main at last clear, an immense quantity of water must be carried up daily by means of mule-carts to the Moorish Castle, for general flushing, the expense of which will be very great, and will fall heavily on the ratepayers, many of whom are far from wealthy. Although we may hope that the forebodings expressed by the old residents of the Rock will not be realised, we cannot blind ourselves to the serious sanitary difficulties with which the local authorities will have to contend this hot season. We recommend the home authorities to watch vigilantly the course of events.

THE LIQUOR TRAFFIC.

IT is refreshing to see something like temperance and unanimity appearing among men of all classes and creeds in regard to this traffic. Considering the undertaking of Mr. Bruce to introduce a measure next year, and the importance of the evils connected with the excessive liquor trade at present conducted, it is incumbent on all social reformers to lend their aid towards obtaining any legislative measure likely to diminish the facilities for low and coarse drinking which now exist. The principles which found most favour at the conference convened by the executive of the National Association for promoting Amendment in the Laws relating to the Liquor Traffic were to give the ratepayers the power of licensing. The resolution, which was unanimously adopted, was to this effect:—"That the licensing power should be committed to a licensing body specially elected every year by the ratepayers in each district, which will represent the public opinion of those directly interested in the question." There was a universal agreement as to the unsatisfactoriness of the present licensing system.

THE FARADAY MEDAL.

THE Chemical Society has recently instituted a Faraday Medal to be given to some foreign chemist who shall accept the invitation of the President and Council of the Society to lecture to the Fellows. The double object of this institution is to promote intercourse with foreign chemists of distinction, and to perpetuate the memory of Faraday. M. Dumas is to give the inaugural lecture on the 17th instant. No selection could have been more worthy than this. M. Dumas is not only a scientific chemist of great distinction, but is also master of the French Mint, and perpetual secretary of the Imperial Academy; moreover, he was one of Faraday's intimate friends. M. Dumas's lecture will be delivered, by permission of the managers, in the theatre of the Royal Institution.

BRIGHTON DRAINAGE.

ONCE embarked upon a right course, the Town Council of Brighton will receive the support and sympathy of the medical profession, and none more hearty than our own. No one can visit a town so conveniently and superbly placed without a sense of longing that its magnificent air and bright-blue waters should be free from the suspicion of a taint. And the prospect of complete satisfaction will disarm the hostility of those who have been temporarily deterred from recommending the town by the obstinacy of its local governors. It is our duty, however, still to recommend the authorities to deal with the question on a comprehensive plan. Let them, first of all, arrange their differences with the commissioners of Hove and Cliftonville, in order that the whole district may combine to carry out an economical and effective scheme. Let them, in the next place, put themselves completely in the hands of their new adviser, bringing to his assistance both Mr. Rawlinson and Mr. Bazalgette. The former recommended drainage to the west, the latter to the east; but it may be even more advantageous to have the sewage taken both ways from a central point. Nor let the discharge into the sea be the only result. Let the authorities act as if the time will come when landowners and farmers will pray for sewers to go near them as they now pray for railways. The refuse of Brighton is, in fact, with but very slight conversion, the food of thousands. Croydon has made its sewage pay; and the time will certainly arrive when that of Brighton, instead of being a nuisance to be got rid of, will become a source of incalculable wealth.

ANIMAL VACCINATION.

BY the kindness of Dr. Blanc, we have had opportunities of inspecting four patients vaccinated by him from calves. Two were infants under five months old, one under three years, and the fourth a young woman of eighteen. The general phenomena were the same in all. The vesicles are somewhat slower in their development than those from common vaccination, and do not arrive at maturity until the tenth day, while the inflamed areola is at its height on the eleventh day. The local inflammation is somewhat more severe than that which follows common vaccination, but not severe enough to cause pain or fever, or to constitute any objection to the method.

We have been favoured by Mr. G. F. Hankins, of Clapham, with daily notes of the progress of the vesicles in a case that was under his observation, and these notes afford a very fair idea of the ordinary course of things. Unfortunately, whooping-cough made its appearance on the tenth day, and appears to have been the cause of the feverishness that was observed. We subjoin Mr. Hankins's notes, and would strongly urge upon practitioners who are interested in the question that they should take children to Dr. Blanc, and watch for themselves the progress of the disease:—

Alfred Edmund L——, aged two years and ten months, had chicken-pox when three months old, one or two cicatrices being still visible. Has never had any other illness, and at present looks in perfect health.

May 24th.—Vaccinated in three places on each arm by Dr. Blanc, from a he-calf two and a half months old, under the influence of inoculated cow-pox.

Second day.—Nothing but the lancet punctures visible.

Third day.—Spots feel slightly raised, especially on the left arm (the first vaccinated).

Fourth day.—Vesicles making their appearance on left arm; marks on the right, with one exception, seem dying out.

Fifth day.—Vesicles on left arm increasing; two small ones visible on right arm; no irritation.

Sixth day.—Five out of the six punctures taking well; the missing one was the last made, and probably did not get its supply of virus. Child quite comfortable.

Eighth day.—Vesicles on left arm very fine; those on right are rather smaller. All present the characteristic appearance of the vaccine vesicle. Areola distinct round each. The child began to cough a little two days ago, and is feverish to-day. Charged two capillary tubes from left arm, leaving right intact.

Tenth day.—Vesicles about one-third of an inch in diameter, with an areola half an inch wide around each. Cough assuming character of pertussis; child still feverish.

Eleventh day.—Brown crust appearing in centre of each vesicle; surrounding inflammation more diffused, but not extending down the arm.

Twelfth day.—Inflammation subsiding; vesicles drying up from centre; child feeling better.

Thirteenth day.—Very little fluid remaining at the outer edge of each vesicle, the brown crust having extended from the centre. Very slight redness around each mark. The child is now suffering severely from whooping-cough.

Fifteenth day.—Marks quite dry, a brown scab remaining in the place of the vesicle. Surrounding skin discoloured, as if it had been bruised.

KING'S COLLEGE.

THE Archbishop of Canterbury delivered the prizes of the medical department of this College on the 2nd of June. In doing so, his Grace spoke with his usual judgment, and particularly dwelt on the importance of the basis of a good sound general education, both to students of theology and of medicine. He further remarked on the certainty of members of the clerical and medical profession finding work to do. Wherever there were human beings with souls and bodies, there, he argued, were materials upon which good work was to be done by clergymen and doctors. This is very true. At the same time, and always admitting that there is in medical service as in clerical a benevolent character which, in some cases, precludes all considerations of remuneration, it must be understood that, out of simple respect to their profession and in determination to have it more worthily appreciated, medical men are growingly indisposed to make medicine too cheap. In other words, the multiplication of medical practitioners is not to be justified on the mere ground that there are plenty of poor suffering people to be doctored.

BIRDS NOT OF A FEATHER.

WONDERS never cease. Dr. Sutherland quoted among the contagionists! Mr. M'Cullagh Torrens, making some very forcible objections to the proposed new hospitals under the Metropolitan Poor Act Amendment Bill, with innocent unconsciousness, planted Dr. Sutherland in a very unusual position. The valued physician to the War Office expresses his opinion — and expresses it very well — in favour of home as against the hospital treatment of patients. Among other reasons, he alleges with truth that the simple fact of bringing together a number of sick out of a number of separate rooms involves a new class of risks to all of them. That was a general statement however, and Mr. Torrens proceeded to justify it by a reference to particulars obtained from other authorities, the whole force of which consisted in showing that it was practically next to impossible effectually to guard against contagion—a word which, we thought, Dr. Sutherland had nearly succeeded in obliterating from his medical vocabulary, and which he used to regard as a sort of doctor's hobgoblin, employed to frighten weak minds. Dr. Steele holds that mutual contagion in an hospital can be obviated by nothing short of the most rigorous individual isolation of patients. And at King's College Mr. Torrens heard nearly the same thing regarding the treatment of lying-in women. The theories held by the two sets of men are so utterly conflicting that the admirable end of the Kilkenny cats insensibly arises in the mind. We have had a good deal of startling transformation in the political world—Whigs, Radicals, and Tories together in a cave,—but we never expected to see Dr. Sutherland in the company of rank contagionists.

THE CHARITY OF THE TURF.

WE last year mentioned that a donation-box for St. George's Hospital suspended at Tattersall's rooms had produced the munificent sum of one florin as the charitable contribution of a number of gentlemen through whose hands large sums of money are constantly passing, and who look upon a "fiver" much as other people do a half-crown. We regret to learn that another year's suspension of the aforesaid box has resulted in—*emptiness!* The well-known liberality of a few leading members of the turf exonerates them from the charge of disregard to the wants of humanity; but as respects the great mass of "betting men" we fear the epithet "hard-hearted" is as appropriate as the more flattering title "hard-headed."

A NEW SOURCE OF LEAD-POISONING.

OUR attention has been called by Mr. Corner, of Poplar, to some cases of lead-poisoning that have recently occurred at newly fitted public-houses in his district, and that have been traced to morning draughts of the beer that had been standing all night in the leaden pipes of the beer engines. It is also said that experienced publicans, instead of serving this poisoned beer to their customers, draw it off and return it to the brewers, who make them an allowance for it. What becomes of it then?

THE SEWER OUTFALL AT BARKING.

A MEMORIAL from the inhabitants of Barking was presented to the late Secretary of State for the Home Department last year, praying that the nuisance and danger of discharging the sewage of London at the northern outfall might be restrained. This memorial has just been published; and Mr. R. Rawlinson, C.B., has been appointed to visit and report upon the case. The allegations of this memorial were investigated by our Commissioner in June last, and it was clearly shown that the inhabitants of Barking have no cause of complaint whatever against the northern outfall; that the chief nuisance arises from the pollution of the river by local refuse; and that the prevalence of zymotic diseases is due to the situation of the town and to local neglect.

MAURITIUS.

ACCORDING to the latest accounts from this island, malarious fever still continues to prevail, occasionally of a severe and remittent form. Five deaths had taken place among the military from the complications or sequelæ of the disease. The garrison now numbers only about six hundred, and consists of men belonging to the Royal Engineers, Artillery, and 86th Regiment. Boils and ulcerations are very common among the lower classes of the civil population. The worst cases of fever occur in Port Louis, but the disease is also prevalent in Flacq, Pamplemousses, and around Mahebourg.

THE RIOTS AT MOLD.

THE deaths which have been caused by these riots have been the subject of a coroner's inquest and of questions in Parliament. The coroner's inquest seems to have been conducted with a want of dignity, but there is a general agreement with the verdict of "justifiable homicide," and a feeling that the soldiers and police behaved well and acted with forbearance. Of fifty soldiers on duty, twenty were wounded; and of thirty-eight county police, twelve were wounded.

CHARING-CROSS HOSPITAL.

IN the medical staff of this hospital there is, at the present time, an anomaly which should be remedied. Recently, an additional assistant-physician—making three in all, and they are quite needed—has been appointed; but, strange to say, there is no assistant-surgeon, though the surgical out-patient's work is heavy. Two of the surgeons

do the surgical out-work, attending each three days a week, as against the three assistant-physicians, who attend the medical cases on two days in the week each. This is surely an instance in which an increase of the surgical staff is imperatively needed, both for the good of the school and of the patients who attend the hospital.

THE NEW LOCK HOSPITALS IN IRELAND.

WE understand that the new Lock Hospital at Cork has, within the last few days, been inspected and reported to the War Office as ready for the reception of patients. It will accommodate at present sixty patients. The Lock Hospital at the Curragh is making rapid progress, and will be completed and fit for occupation some time in July. This hospital will hold about forty-five beds. It is to be hoped that we shall soon hear that the large amount of disease existing amongst the troops in Ireland has diminished, as the result of the opening of the two Lock hospitals to which we have referred.

WE have received the June, or twelfth, number of the *Practitioner*. As this completes the second volume, we are furnished with the indices of vols. i. and ii. of the publication, and these enable us to recall the various papers which we have perused from time to time, as they made their appearance. All the contributions have been of a practical character, and many of them have been of unusual merit. The reviews of books have been carefully and judiciously executed, and under the head of "Clinic of the Month" the man in active practice could turn with the assurance that he would meet with a useful *précis* of contemporary medical literature, English and foreign.

THE annual meeting of the Irish Medical Association was held on the 7th instant, in the Albert Hall of the College of Surgeons, Ireland, Dr. Macnamara, President, in the chair. Dr. Quinan, the Secretary, mentioned a few of the improvements that had taken place in the position of medical officers within the last few years, mainly through the efforts of the Association, viz.: their salaries had been raised, the remuneration for vaccination had doubled, the registration of births and deaths had been given them, the right to consultations or assistance in urgent cases at the expense of the rates had been established, and one-half of the medical expenses had been transferred from the poor rates to the Consolidated Fund. Several resolutions were carried by the meeting in favour of superannuation, increase of salary, and the raising of the standard of preliminary and medical education; and Dr. Martin, of Portlaw, having been duly installed President of the Association for the ensuing year, the meeting terminated.

A MEETING of representatives of the St. Andrews Medical Graduates' Association, the Medical Society of London, the Metropolitan Medical Officers of Health Association, and the Poor-law Medical Officers' Association, was held on Wednesday, at the house of Dr. Richardson, F.R.S., to discuss the important question of the better registration of disease. A joint committee was formed, and Drs. Sedgwick, Sansom, Dudfield, and Vinen were appointed a sub-committee to draw out the details of a scheme by which the returns of the Poor-law medical officers might be utilised for the purposes of registration; and it is affirmed that this can be done without giving those gentlemen any more trouble than falls to their lot at present.

SERIOUS constructive defects having been found to exist in the Kent and Canterbury Hospital, plans for necessary alterations have been adopted.

THE late Mr. Samuel Scott, banker, has, by his will, left the following sums to London medical charities:—Middlesex Hospital, £1000; St. Mary's Hospital, £1000; Cancer Hospital, £500; and £500 also to the St. John's Institution for Nurses.

ON the retirement from practice of Mr. G. Stickings, M.R.C.S., of Lenham, Kent, his patients and friends in that locality have presented him with a written memorial of their esteem for his private worth and of their recognition of his professional services during nearly half a century; they have further added, as a substantial testimony of their goodwill, the sum of £150 in money.

THE second reading of the Adulteration of Food or Drink Act (1860) Amendment Bill has been deferred till Wednesday, July 7th.

THE Aylesbury Board of Health have had under consideration plans for the utilisation of the sewage of the town by irrigation. At present the sewage flows into the stream in close proximity to the town.

THE printed list of Parliamentary petitions contains one from the Cumberland and Westmoreland Branch of the British Medical Association, praying for an alteration in the Medical Acts by the introduction of a provision "for the direct representation of the profession in the General Medical Council, in the proportion of one-fourth of its members, four representatives being elected for England, two for Scotland, and two for Ireland."

WE regret to observe that the woman prosecuted by Mr. Windsor Berry, M.R.C.S., for perjury, has been acquitted at the Central Criminal Court, on the ground that the jury believed she made the false statements under a delusion, and not wilfully. The jury added that they were unanimously of opinion that there was not the slightest foundation for the charge against Mr. Berry.

AT a late meeting of the Newton Abbott Local Board of Health, it was stated that the health of the town had greatly improved since the establishment of the Board, the mortality for the past year having been 17, and in the last month only 14 per 1000.

A MEETING of the professors and students of University College was held on the 3rd inst., Professor Erichsen in the chair, to consider the best means of establishing some memorial to the late James Stanton Cluff, who was accidentally drowned whilst bathing at Glenarm on the 7th of May. A committee was formed to carry out the object in view.

IN the House of Commons, on Tuesday evening last, on the motion of Mr. Brace, the Select Committee on the Contagious Diseases Act (1866) was appointed as follows:—Mr. Childers, Sir John Pakington, Captain Vivian, Marquis of Hamilton, Mr. Dalrymple, Mr. P. Wyndham, Mr. Kinnaird, Mr. Collins, Sir J. Simeon, Mr. J. Lowther, Mr. Rathbone, Lord E. Cecil, Lord C. Bruce, Sir J. Elphinstone, Mr. Murphy, Mr. Tipping, Dr. Brewer, Mr. Mills, Captain Grosvenor, Sir J. Trelawny, and Mr. Mitford.

DR. BUZZARD has been appointed physician to the National Hospital for Paralysis and Epilepsy, Queen-square, in the room of Dr. Russell Reynolds, F.R.S., resigned. Thus a vacancy arises for an assistant-physician to the hospital.

IN a recent lecture at the Royal College of Surgeons, Ireland, Dr. Cameron mentioned that he had been the means of originating a systematic inspection of meat at Dublin, and that during the last five months 45,000 pounds of diseased meat had been seized by the authorities.

THE annual meeting of the Medical Benevolent Society of Ireland took place on June 7th, at the Royal College of Surgeons. It was mentioned during the meeting that there was an increase of nearly £100 in the subscriptions for the year.

ROYAL SOCIETY.

GENERAL SABINE, PRESIDENT, IN THE CHAIR.

ON PHYSICS OF THE BLOOD-CORPUSCLES.

BY PROFESSOR R. NORRIS, M.D.

ON Thursday, May 27th, a communication of considerable importance was made to the Royal Society by Prof. Norris, of Birmingham, "On the Laws and Principles concerned in the Aggregation of the Blood-corpuscles both within and without the Vessels." The paper was illustrated by numerous experiments of a conclusive character. The author states that during the forty years succeeding the discovery of the elder Lister and Dr. Hodgkin, that the corpuscles of blood withdrawn from the vessels arranged themselves in rouleaux, the subject of the aggregation of these bodies had received much attention, and this more especially as it involved the comprehension of the important condition known as "inflammatory stasis." Two forms of aggregation were singled out by the author of the paper as typical, all others being regarded as merely modifications of these. The first mode appears to be dependent upon the normal disc shape; the second upon the globular or spherical form, which the corpuscles assume on the addition of various substances to the blood, such as gum, gelatine, linseed mucilage, potash, &c. Experimental evidence was given that disc-shaped bodies, having an attraction for each other, would arrange themselves in cylindrical rolls like piles of coin placed horizontally, as is the case with the blood-discs. It was further shown that spherical vesicles, having an attraction for each other, would arrange themselves in peculiar groups, the distinctive feature of which was that the curvilinear surfaces which came into contact with each other would be converted, by a form of attraction which the author designated "progressive cohesive attraction," into plane surfaces. Microphotographs of the blood-corpuscles were exhibited, by which it was demonstrated that the blood-corpuscles which had assumed the spherical condition under the influence of substances added to the blood, or from mere spissitude of the plasma, obeyed precisely the same law as the artificial vesicles—that is to say, were drawn together by an attraction which, commencing at the points of contact, gradually extends itself in all directions, till its force is counterbalanced by the limits of the elasticity of the body. The arrangement of discs into rouleaux was shown to take place under conditions of both partial and complete submergence, as also was the arrangement of spherical blood-corpuscles into the curious tesselated masses or groups before referred to. The attraction exerted in all these cases was shown to be *molecular in its nature, but progressive in its character*, and to depend upon what might very properly be designated *double cohesion*—cohesion, firstly, between liquid and rigid bodies; and, secondly, between the particles of the liquid themselves. The attraction for, and cohesion of, bodies to each other, whether discs or spheres, were shown to be due to the presence of dissimilar liquids, one of which, besides the attraction it possessed for its own particles, had also an attraction for the body, or was contained by it as a receptacle. It was further proved by beautiful and simple experiments that those forms of attraction called molecular, and which operate only through inappreciable distances, are nevertheless capable of inducing very palpable motion in bodies of considerable magnitude, providing that some one portion of these bodies come into actual contact.

The varying degree of attraction exhibited by the blood-corpuscles was explained by reference to the law of osmosis, it being readily conceivable that when the exosmotic current was in excess, the corpuscles would become more cohesive, and, on the contrary, less so when the endosmotic current prevailed. In any case, the increased cohesiveness was referable to the increased extrusion upon the surface of the corpuscular contents.

The publication of two papers in the Proceedings of the Royal Society so far back as 1862 serves to show the persistency with which the author has pursued the subject. One fact strikes us as worthy of remark—viz., how in this case, as in so many others, the most important results have arisen from the ability to follow out to their ultimate issues simple and familiar facts which present themselves. No apter illustration could be found than in the case of the aggregation of the corpuscular elements of the blood, a subject which for forty years has exercised physiologists and pathologists. Who, for example, could conceive that any connexion would exist between a bubble floating on a cup of tea and that abstruse condition known as inflammation, which underlies so many of our difficulties? Yet by following out such a slender clue as this, the readers of the original paper will see Dr. Norris has succeeded in educing a law which, while it explains the simpler, also covers the more complex and important conditions; in fact, the most undeniable proof is given that the law by which a bubble is attracted to the side of a vessel, or by which two bubbles attract and become adherent to each other, is the very law which is in action in the aggregation of the blood corpuscles, both in the formation of rouleaux, and in the indication of the condition known as inflammatory stasis: in a word, both these phenomena depend upon a peculiar and special operation of the universal law of cohesive attraction.

We most heartily commend the perusal of this paper to all who are engaged in physiological and pathological research, as an admirable specimen of inductive demonstration.

THE COLLEGE OF PHYSICIANS.

THE President and Fellows gave a *conversazione* on Wednesday evening last to a numerous and distinguished company. We noticed a goodly number of provincial members of the profession present. There were many objects of considerable interest in the rooms. The expansion of palladium by the absorption of hydrogen was exhibited by the Master of the Mint; Marey's cardiograph, by Dr. Sibson; a series of photographs, illustrating recent solar discoveries, were shown with the aid of the electro-lamp by Mr. Norman Lockyer, F.R.S., and they were verbally described in the theatre during the evening by that gentleman. In addition, amongst other things, were an Inductorium, containing twenty-four miles of secondary wire, giving 16-inch sparks; table polariscope, showing the axis of crystals; and pocket spectroscopes, exhibited by Mr. Ladd; the Ova of Bilharzia Capensis, by Dr. John Harley; a Stetho-sphygmograph of Dr. Hawksley, for registering the chest and pulse movements, made by Pratt; a Saccharometer, arranged to show the action of magnesium on light, by Dr. Dupré; various chloroform and ether spray apparatus; Gunker's anæsthetic compendium for local and general anæsthesia, by Messrs. Krohne and Sesemann; a new large electric lamp, and other instruments, by Mr. Browning; various micro-insects, Beckley's self-registering rain-guage in action, a delicate assay balance turning with a 10,000th of a grain when loaded with thirty grains, a new clinical thermometer and microscopes, by Mr. Baker; a powerful medical coil machine, with primary and secondary currents in action, and other objects of interest, by Mr. James How; the new tank microscope with novel accessories, by Mr. Ross; a series of admirable dissections, illustrating the auditory apparatus of fish, by Mr. C. Stewart; the Swiney prize cup (1869), recently awarded to Dr. Guy, microscopes showing the circulation in plants, by Powell and Lealand; and dissections of the house-fly, by Mr. Towne. Messrs. Murray and Heath, Moira and Haigh, Wyon, Elliott Brothers, Frank Buckland, and others, were also exhibitors. The most interesting of the microscopic specimens to the physician were a series of preparations

exhibited by Dr. Sanderson under eight of Mr. Collins's microscopes, showing the adenoid organs in the mediastinum of the dog, identical with tuberculous granulations in structure. These organs have hitherto been overlooked in the serous membranes. They become enlarged after the injection of an infinitesimal quantity of tubercle into the pleura. There were preparations from the peritoneum slightly tuberculous, and stained with carmine, showing the relation between the lymphoid—i.e., tubercle corpuscles—and the natural stroma.

TYPHOID FEVER AT THE ORPHAN ASYLUM AT BEDDINGTON.

THE Beddington Female Orphan Asylum is situated in Beddington-park, and the house is that which was formerly the mansion of the Carew family; and though it has nearly all been rebuilt, still there are some portions of this old ancestral hall incorporated in the present asylum. The locality is looked upon as healthy, the gravestones in the old churchyard recording some great ages amongst the occupants. The situation is a most rural one, and the grounds of the institution, which run down to the river Wandle, are both beautiful and extensive, and cannot fail to afford a good recreation place for the children who are cared for in the asylum.

The asylum, though one or two of the day-rooms are of rather small dimensions, when we take into consideration the number of children who may at times be congregated in them, would appear to be all that is desirable. The large dining hall—which was the banqueting room of the Carews,—the school-room, the play-room for the children in wet weather, and the dormitories, all seem to be such as would insure the health of the 170 children and the other persons who are their occupants. But notwithstanding all these advantages, a large proportion of the children have recently suffered to some considerable extent from fever of an enteric or typhoid type. The deaths, however, have been but few.

The first cases of typhoid were noticed in the early part of last January, since which time up to the beginning of May, a period of five months, between 30 and 40 per cent. of the whole number of children have been affected by the disease. This very exceptional prevalence of fever led to inquiries as to the cause, and, according to the report made on the matter, the outbreak in question, like all other outbreaks of the same disease, owed its prevalence to the impurity either of the drinking-water used or of the atmosphere in which those attacked had lived, or perhaps to these two fertile causes combined. The well, whence the water is derived, is stated to be in close proximity to a cesspool, and is surrounded with pipe sewers, which are liable to be flooded, and the well itself is dependent upon general percolation for its supply. The water-supply is therefore open to grave suspicion. But the system of drainage would appear to be undoubtedly bad, and, as stated in a report by Dr. Carpenter, of Croydon, "everything has been so carried out as to ensure the attack of illness from which the children have suffered. The plan totally ignores the possible—nay certain—presence of sewer-gas, and makes every arrangement for its conveyance into the sleeping rooms and loitering-places of the children, as well as into the school-room itself."

The following particulars as to the drainage of the asylum are gathered from the report (to which we have above referred) of the outbreak.

The sewer outfall is in the river Wandle, and, being below the water, is effectually trapped, thus preventing at this point all ventilation of the gas which is generated in the pipes, and leaving it to find vent in a concentrated form in places near to the building. The outfall pipe runs from the river to a cesspool, and here some ventilation takes place. From this cesspool, which appears to be the converging point of the system of drainage, pipes branch off to various parts of the building; all the connexions seem to be most carefully stopped, so that all gas which is generated in those drains which are above the cesspool must find vent in the house itself. One vent was provided by the peculiar construction of the waste-pipe for the latrine, which thus became liable to be filled with sewer-gas. "This," says the reporter, "was doubtless the case in the dark, damp, comparatively warm mornings in the beginning of the year. The children would then be exposed to its influence when least able to resist it, especially if they visited the place before breakfast."

It appears from the Report that the arrangements for carrying away waste or used water is on the same system; for the washstands in the dormitories, and the baths, are made to communicate direct with the sewers. In fact, the precaution of ventilating the sewers, except by means of pipes inside the house, appears to have been studiously avoided; and, with such a state of things as the following paragraph describes, it cannot be a matter of surprise that those subjected to its influence should become victims of typhoid fever. This paragraph refers only to the latrines, but it will serve to illustrate the system of which we are complaining:—

"The latrines are placed at the further end of the longest line of sewer, so that there would be an opportunity for the production and discharge of the largest quantity of gas in the latrines. Their use would be accompanied with a continuous current of air from them into the class-rooms, which are in close, direct, and comfortable proximity. It is evident, therefore, on those mornings most likely to affect the children—damp, dull mornings, with a stagnant and heavy atmosphere,—the place would be full of miasm, or if the wind was stirring it would blow from the latrine into the class-room whenever it was south or west. This was really the case in all the early part of the year, so that the children would have impure air to breathe in the class-room as well as in the latrine itself. Hence they were living for hours in a sewer atmosphere, whenever the conditions, such as I have mentioned, were present; and as the class-room is warmed with water-pipes instead of a large open fireplace, there was a natural tendency for the air to get more and more foul the longer the children remained in the room. The means for cleansing and flushing the latrines are manifestly very imperfect, and both in position and construction are defective and dangerous, increasing (in addition to the danger from sewer gas) the impurity of the atmosphere in the latrine."

We do not know whether any of the external local surroundings of Beddington are such as are likely to be productive of fever, nor need we look for any, for here is ample cause for the outbreak to which we have been referring.

It is right to remark that the reporter states that the outbreak of the disease was foreseen by the medical officer to the asylum, who had on several occasions brought to the notice of the Committee of Management the defects above adverted to, without any attention being paid to his complaint. If this be so, a very grave responsibility rests upon the Committee.

UNIVERSITY COLLEGE ATHLETIC SPORTS.

THE fifth annual meeting of this Club was held at Lillie-bridge, West Brompton, on Friday, the 4th inst., and necessitated a holiday for professors and students at University College. The sports began at one o'clock. Professors Morley, Ringer, and Seeley, acted as the judges; and Sergeant Carter as the starter. The first contest was a flat race of 100 yards. The first heat was won by Mr. Gates; for the second, Messrs. Koch and Bindley ran a tie. A deciding heat placed Mr. Koch as the winner of the race. A high jump came next. Messrs. Giles and Head were equal, the height cleared being 4 ft. 11 inches. Thirdly came a quarter of a mile flat race: won by Mr. Koch; time 58½ seconds. Fourthly, putting the shot (16 lb.): won by Mr. Turner; distance 31 ft. Fifthly, throwing the cricket-ball: won by Mr. Harenc; distance 102 yards 4 ft. Next, sixthly, came a hurdle race of 120 yards, with 10 flights: the victor was Mr. Koch; time 19 secs. Mr. Popham threw the hammer (16 lb.) 60 ft. After which a mile flat race was won by Mr. Thomas in 5 min. 20 secs. The long jump followed, the first place being obtained by Mr. Koch; distance 17 ft. 4 in. The two-mile walk was won by Mr. Hull; the strangers' race (440 yards), by Mr. Cockerall in 55 secs.; the consolation

race (22 yards), by Mr. Jones; and the sack race, by Mr. Evely. The various prizes were distributed by Mr. Ringer to the successful competitors.

The next meeting of the Club is appointed to be held at the Lillie Bridge Ground, West Brompton, on Thursday next. The swimming races will take place later in the month.

LADIES' SANITARY ASSOCIATION.

THE Eleventh Annual Meeting of the supporters of this Society was held on Tuesday last, under the presidency of Lord Shaftesbury, at 44, Berkeley-square, the residence of Lady Burrell, one of the honorary secretaries. It was announced that the Crown Princess of Prussia had joined the Association; and from the Report read it appears that very active efforts have been made during the past year to disseminate tracts and essays on sanitary subjects, and to assist in a variety of ways to improve the health and social condition of destitute children, and of the poor generally. Other objects of a philanthropic character come also within the scope of the Association, and are being assiduously and successfully cultivated.

The adoption of the Report was moved by the Rev. J. B. Owen, and seconded by Dr. Richardson.

Dr. Farr proposed a resolution to the effect that as much of the existing disease and premature mortality resulted from an ignorance of sanitary science, the efforts of the Association to dispel that ignorance deserved public support. He knew of no Society that had done more good with very limited means. It aimed at doing good by diffusing knowledge, and applying it practically to improving the health of mankind, which, after all, lay at the root of human happiness and progress. This Ladies' Society had, as might be expected, devoted much attention to little children; and he was happy to inform them that they were ably seconded by one of our most useful scientific Societies, the Obstetrical Society, where he had recently heard a most interesting paper on the present treatment of the British baby, from its birth up to the age of five. This question of the treatment of young children was attracting attention all over Europe, and he might mention particularly France and Italy. In Norway the mortality of children under five years of age was at the rate of 4 per cent. annually; in England it was 7; in Italy, 11. He sincerely wished to see branch Societies of this kind in every State of Europe, where the most astounding ignorance produced the most deplorable results.

The resolution was seconded by Dr. Druitt, and unanimously carried.

The proceedings terminated after the transaction of business, mostly of a formal character.

Correspondence.

"Audi alteram partem."

THE ELECTION OF COUNCILLORS AT THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—You have on several occasions inserted letters of mine relative to the affairs of the College of Surgeons, and in one of them I stated that it was my intention to elicit from the several candidates for a seat in the Council their views with regard to Collegiate management, &c.

Unquestionably I have an undoubted right to do this by virtue of my vote, and I was determined that no candidate should receive either vote or support from me who did not fully declare his intentions in answer to my inquiries. Numerous Fellows interested in the matter are waiting their replies, and I do hope that you will insert the enclosed letters in the next number of THE LANCET.

I did not address Mr. Gay, inasmuch as his voluntary letter in THE LANCET is so explicit and to the point, that I deemed it quite unnecessary. No one can doubt that gentleman's sincerity; and for the candid manner in which he has declared his views I have no doubt that he will receive an amount of support which will place him in the honourable position which he so deservedly seeks.

The retiring members who seek re-election, Messrs. Solly and Adams, are "true to the core" of the "old school," and are evidently desirous of remaining in the darkness that surrounds them; and as they are not inclined to let in a glimmer of light, I shall leave them under the extinguisher they have chosen to place over themselves.

The letters of Messrs. Erichsen, Lee, and Wilson are such as we should expect from these well-known gentlemen, and are worthy of serious consideration by the Fellows wishing well to the College of Surgeons.

I think I have done some service in this work of reform by bringing before the Fellows and Members for the first time the views of the several candidates, and it will certainly be our own fault if we do not now place the "right men in the right place."

It only remains now for me to express a hope that those Fellows who have encouraged me in the matter will gather together their forces on the 1st of July, and send entirely "new blood" into the Council from amongst the right material that now offers to us.

I am, Sir, your obedient servant,
EDWIN MORRIS, M.D., F.R.C.S.

Spalding, June 3rd, 1869.

Copy of Letter addressed to the several Candidates.

DEAR SIR,—Understanding that you are to be nominated a candidate for a seat at the Council of the Royal College of Surgeons, I shall be glad to know if you are prepared to support the following reforms in the College: namely—

1. The right of reporters to be present at the meetings of Council.

2. The removal of the remaining objectionable restrictions which prevent Fellows being members of the Council.

3. The power for Fellows to summon, by requisition, a meeting of Fellows and Members at the College, for the purpose of discussing matters of public policy in connexion with the institution.

4. The election of a representative to the General Council by the Fellows and Members.

5. The selection of members of the Court of Examiners from amongst the Fellows and Members, and not exclusively from the Council.

Your reply, which is awaited with a considerable degree of anxiety, will be made public, for the information of the Fellows and Members of the College generally.

I remain, yours respectfully,
Spalding, May 27th, 1869. EDWIN MORRIS.

6, Savile-row, W., May 27th, 1869.

DEAR SIR,—In reply to yours of yesterday, I must at once decline pledging myself, if re-elected on the Council of the Royal College of Surgeons of England, to support any particular measures, however much I might agree to the spirit of them.

If my general conduct as a surgeon—if what I have done for the advancement of anatomy, physiology, and the practice of surgery, coupled with the fact that I have been always a reformer—will not secure my re-election, I must submit to the blow.

Nevertheless, I do feel very confident that the great body of the Fellows will act justly, and that I need only ask every Fellow who thinks that I am deserving of the honour of re-election to attend the meeting at the College on the 1st of July.

Believe me to remain yours truly,
SAMUEL SOLLY,
Vice-President of the Royal College of Surgeons.

10, Finsbury-circus, June 3rd, 1869.

MY DEAR SIR,—I beg to acknowledge the receipt of your letter of the 26th ultimo, and to inform you that it is my intention to offer myself for re-election to the Council of the Royal College of Surgeons of England.

I assure you that, without giving a categorical answer to the questions you propound to me, the subjects shall *seriatim* have my most attentive consideration.

Should I have the honour to be re-elected, I assure you

that I shall unhesitatingly support any measure which can be shown to be conducive to the welfare and dignity of the surgical profession, and to the convenience of the Fellows and Members of the College.

I have the honour to be, my dear Sir,

Very faithfully yours,

Edwin Morris, Esq. JOHN ADAMS.

17, Henrietta-street, Cavendish-square, May 29th, 1869.

DEAR SIR,—It is quite true that I propose to become a candidate for a seat in the Council of the College of Surgeons; and upon the same ground as that which dictates your letter to me—namely, the conviction of a right to enjoy all the privileges which our College affords, or is capable of extending, to its members.

As a representative of the elective body of the College, I acknowledge your right to question me, in my character of a candidate for office, as to my views of the proper government of our College, and I hasten to reply to your questions *seriatim*:—

1. I consider that means should be taken to circulate among the Fellows and Members of the College a report of the proceedings of the Council meetings.

2. I consider that no restriction or prohibition should exist to prevent any Fellow or Member of the College from enjoying its highest offices.

3. I consider the meeting together of the Fellows and Members within the College, at such times as may be suitable and convenient to the majority of that body, as highly desirable, and a very effectual means of checking misunderstanding, as well as of obtaining the opinions of the aggregate body.

4. I consider that the election of a Fellow or Member of the College to represent that body in the General Council to be very desirable.

5. I consider that, while the fact of being a member of the Council should not operate as a disqualification to his election as an examiner, yet that the selection of examiners should be thrown open to the most competent men, whether they be Fellows or Members.

These are the views to which I am prepared to give my fullest support; and trusting that I have replied to your questions to your satisfaction,

I am, dear Sir, very faithfully yours,

Edwin Morris, Esq., M.D., F.R.C.S. ERASMUS WILSON.

We feel it unnecessary, after the full expression of opinion already published in THE LANCET, to insert the further communications from Messrs. Lee and Erichsen forwarded to us by Dr. Morris.—ED. L.

MR. POLLOCK presents his compliments to the Editor of THE LANCET, and will feel obliged if he will publish the inclosed correspondence.

Grosvenor-street, W., June 7th, 1869.

[COPY.]

"14, Weymouth-street, London, W., June, 1869.

"DEAR SIR,—Mr. Erichsen will stand for election into the Council of the College of Surgeons on the 1st of July: his friends are anxious, both on public grounds and from personal regard, that he should be elected.

"His seniority among the Fellows, and professional position, would give him a just expectation of being elected, were not exertions being made to secure the election of other candidates, and Mr. Erichsen may thus be passed by if his friends do not support him.

"With regard to his political opinions, I am sure I need not inform you that Mr. Erichsen is anxious to open the management of the College to all the Fellows, to remodel the Court of Examiners, and to introduce voting by proxy. Mr. Erichsen will put a full statement of his views into the medical journals. I shall be very glad if you can be present at the election on the 1st of July, at 2 P.M.

"Very faithfully yours,

(Signed) "BERKELEY HILL.

"George D. Pollock, Esq."

[COPY.]

"36, Grosvenor-square, W., June 7th, 1869.

"DEAR SIR,—I beg to acknowledge the receipt of your letter, in which you ask me to be present at the College of Surgeons on the 1st of July, that I may support Mr. Erichsen, one of the candidates for the Council. Though personally unacquainted with you, your letter is of so much importance that I think it right, in the interests of the Council and of the profession, to reply to it; and I trust you will consider all I say in reference to its contents as arising simply from a sincere wish to uphold our professional status.

"I greatly deplore the step you have taken—that you consider it necessary and right to canvass the Fellows of the College on behalf of Mr. Erichsen. Mr. Erichsen is well known to the profession. If his character and position are not of sufficient worth to insure his election without the aid of canvassers seeking to seat him there, he should not sit in the Council. If his character and position are such as I take them to be, the steps you have had recourse to are derogatory to his cause. He surely wants not your certificate of character to place him there: then, it were better your letter had been left unwritten.

"I look upon it as lamentable that any surgeon of his position should be compelled to submit to a condition such as your letter would indicate as necessary to secure his election to the Council. The sooner it is put an end to the better; and it is with some hope that canvassing for the Council may be for ever denounced and stopped, that I have taken advantage of your letter to put forward my views on the subject,—views which, I am satisfied, are largely entertained by the leading surgeons of the day. I think the whole proceeding wrong, unprofessional, and degrading.

"Besides, I may observe that in your writing to ask for my vote, you have entirely overlooked the fact that I am quite as able to judge as yourself whether Mr. Erichsen is the right man to take his seat in the Council. I have known Mr. Erichsen, professionally, longer than you have done; and I cannot help thinking that you are quite wrong in supposing one of Mr. Erichsen's position in the profession requires the aid of your public solicitation of votes to secure his election.

"I beg, in conclusion, to say that it is my intention to send this correspondence to the medical journals for publication. I am, dear Sir, yours faithfully,

"GEORGE POLLOCK.

"To Berkeley Hill, Esq."

PARIS.

(FROM OUR OWN CORRESPONDENT.)

DR. BROWN-SÉQUARD'S LECTURES AT THE SCHOOL OF MEDICINE.

WHILST awaiting the inauguration of his official course of lectures on Experimental and Comparative Medicine, which will take place during the next winter session, Dr. Brown-Séquard has commenced a series of lectures, illustrative of his more recent experiments, in one of the laboratories of the School of Medicine. The first subject which he has chosen is that of Convulsions. Before entering fully into the question, the lecturer made a few introductory remarks, in which he insisted on the peculiar character and value of the teaching with which he has been entrusted. The chair of Comparative Medicine, he said, was not instituted, as might be thought, with the object of establishing a parallel between human medicine and the veterinary art. Its object was to incite, by means of experimentation upon animals, morbid results analogous to those which are observed in man, and thus to draw, if possible, conclusions which might be applied to the latter. His aim was therefore eminently practical. For instance, man was subject to convulsions of various forms and nature, and arising from various causes; the detection of their origin and mechanism was surrounded by great difficulties; but if we could produce analogous phenomena in animals we should be possessed of a powerful means of investigation, and thus experimental medicine would attain a high and most useful object.

The lecturer then commenced the study of convulsions by that of epilepsy. He put to himself the question, whether epilepsy had a central seat? and formulated his answer thus: that, anyway, the point of the nervous centres whence

arises the first convulsive phenomenon may be considered the central seat of epilepsy.

Esquirol had stated that in nine cases out of ten post-mortem examinations of epileptic subjects had shown lesions of the spinal cord. On the other hand, he (Dr. Brown-Séquard) had recorded upwards of 100 cases wherein injury of the spinal cord had frequently given rise to epileptiform convulsions, either spontaneous or incited. Epilepsy might, however, occur amid other circumstances; for instance, in cases of alteration of the nervous branches.

Dr. Brown-Séquard here passed in review his recent experiments on guinea-pigs, of which I have already given you a full account, and in which it is observed that section of either half of the spinal cord, or section of the whole cord, or division of the sciatic nerve, brings on well-characterised epileptiform seizures. Several of the animals were exhibited. It was seen that the attack of epilepsy invariably occurred on the side which had been injured. When the section of the spinal cord is complete, or when both sciatic nerves are severed, the epileptiform attack manifests itself on both sides. This was well exhibited in an old guinea-pig, in which complete section of the cord had been performed seven months since. The hind legs are both paralysed, and when the epileptic fit is incited, both the front limbs are seized with convulsive movements. The epileptiform attacks in all the above cases can only be produced by exciting the *zone epileptogène*, as I have stated in my former letters. This *zone epileptogène* is observed on both sides of the face, when both halves of the cord or both sciatic nerves are severed.

The lecturer stated that injury of other nerves than the sciatic might become a cause of epilepsy, in a lesser degree, however. He mentioned the last fifth dorsal pairs, and the internal popliteal. Section of the outer popliteal had never yet brought on epileptiform seizures. The differences which had been observed in nerves with respect to this faculty of producing epilepsy depended on both the quantity of fibres and the degree of excitability.

Referring to the application of these results to man, Dr. Brown-Séquard observed that, at first sight, they might appear contradictory. Thus, forty-five cases were already known in which, lesions of the nerves of the lower limbs in man having brought on epileptiform attacks, section of the nerves had produced a cure, and caused the disappearance of the convulsions. This was quite contrary to what occurred in animals, as amongst these section of the nerves brought on epilepsy. The contradiction was, however, merely apparent, and simply proved that in man the nerves of the limbs were less excitable than in guinea-pigs. In the former, an irritating cause of a sufficient degree of strength was necessary to bring on epilepsy, and that cause was often made to disappear by dividing the nerve; whilst in the latter mere section of the nerve produced an irritation which was enough to give rise to convulsions.

THE COLLEGE OF SURGEONS.

THE business transacted at the Council meeting on Thursday, the 10th instant, was of a routine character, being principally the nomination of the various officers for next year, prior to the annual meeting of the Council in July.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At a recent meeting of the Council, Mr. William Jones, of Llanfigail, Anglesea, was admitted a Fellow of the College. His diploma of Membership bears date Aug. 2nd, 1842.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on June 3rd:—

Kennedy, Edward, Manchester.
Morris, John, Cliffe, Lewes.

The following gentleman also on the same day passed his first examination:—

Bagshaw, Ainsworth Merewether, London Hospital.

ST. BARTHOLOMEW'S HOSPITAL.—Mr. Morrant Baker has been appointed Lecturer on Physiology, *vice* Savory, resigned.

WESTMINSTER HOSPITAL.—Dr. Richard Davy, of Welbeck-street, M.D. Edin., F.R.C.S. Eng., has been appointed Surgical Registrar, *vice* Mr. Christopher Jeaffreson, M.R.C.S. Eng., resigned.

THE WHITEHAVEN SCIENTIFIC ASSOCIATION.—Dr. I'Anson has been elected president, *vice* Dr. Fidler, deceased; and Dr. Horan vice-president, *vice* I'Anson.

UNIVERSITY COLLEGE.—The professors of University College gave a *soirée* on Thursday week, when the General Library, the Flaxman Gallery, and the museums, were thrown open to a full gathering of visitors, and a large number of objects of scientific interest, microscopic and other, were exhibited on the occasion.

Medical Appointments.

ADAM, C., M.B., C.M., has been appointed Medical Officer to the District Lunatic Asylum for the County Elgin, vice R. W. Cecly, M.R.C.S.E., resigned.

ALLAN, C. J., M.B., C.M., has been appointed Visiting Physician of the Gilmour House Lunatic Asylum, Liberton, Edinburgh, vice J. Baldfer, M.D., deceased.

ALTHAM, Mr., of Wray, has been appointed Medical Officer for District No. 3 and the Workhouse of the newly formed Lunedale Union, Lancashire.

BAKER, H. F., L.S.A., has been appointed Midwifery Assistant at St. Bartholomew's Hospital, vice Mr. C. Godson.

BARRY, J. M., L.K.Q.C.P.I., has been appointed Medical Officer for the Holycross Dispensary District of the Thurles Union.

BATT, C. D., M.B., has been appointed House-Surgeon to the General Infirmary, Sheffield, vice C. J. H. Smith, M.R.C.S.E., resigned.

BELL, J. A., M.R.C.S., L.S.A., late House-Surgeon, has been appointed Resident Accoucheur to St. Thomas's Hospital.

BROWN, J. B., F.R.C.S.E., has been appointed a Medical Officer to the Metropolitan Provident Dispensary, Osnaburgh-place, Regent's-park.

CATON, R., M.B., has been appointed Assistant-Physician to the Liverpool Children's Infirmary.

DOUGLASS, G., M.D., has been appointed a Medical Officer to the Gateshead Dispensary, vice Wm. Jollie, M.D., deceased.

ELLIS, J., M.D., has been appointed Medical Officer to the St. Pancras Workhouse Infirmary, vice F. W. Gibson, M.D., resigned.

GARRETT, P. R. D., M.R.C.S., has been appointed a Medical Officer to the Metropolitan Provident Dispensary, Osnaburgh-place, Regent's-park.

GAYE, H. S., L.R.C.P.L., of Newton Abbot, has been appointed Deputy Coroner for the Totnes District.

GUTTERIDGE, R., M.D., has been appointed a Medical Officer to the Metropolitan Provident Dispensary.

HARDYMAN, C. E., M.R.C.S., L.S.A. has been appointed House-Surgeon at St. Thomas's Hospital.

HARKER, J., M.D., has been appointed Medical Officer for District No. 1 of the Lunedale Union.

JUKES, A., M.R.C.S.E., has been appointed a House-Physician at St. Bartholomew's Hospital, vice P. J. Hensley, M.B.

LOWTHER, R., M.B., C.M., M.R.C.S.E., has been appointed Resident House-Surgeon to the Infirmary, Lancaster, vice Wm. Armistead, M.D., resigned.

MACNAMARA, E., L.K.Q.C.P.I., has been elected President of the Royal College of Surgeons, Ireland, in succession to G. H. Porter, M.D.

POLLARD, F., L.R.C.P., M.R.C.S., has been appointed House-Surgeon to St. Thomas's Hospital.

ROBERTS, F. T., M.B., B.Sc., has been appointed Demonstrator of Anatomy at University College, London.

ROSS, J. A., L.R.C.S.I., has been appointed a Resident Medical Officer to the North Staffordshire Infirmary, Stoke-upon-Trent.

SMALLMAN, R. S., M.B., has been appointed House-Surgeon and Secretary to the Hartlepool Hospital, vice J. Rawlings, M.R.C.S.E., resigned.

SQUARRY, C. E., M.B., M.R.C.P.L., Resident Medical Officer to University College Hospital, has been appointed Assistant-Physician to the Hospital for Women, Soho-square.

THURSTON, E. W., L.R.C.P.L., M.R.C.S., has been appointed Medical Officer and Public Vaccinator for No. 2 District of the East Ashford Union, vice H. Whitfeld, M.R.C.S., L.S.A., resigned.

Births, Marriages, and Deaths.

BIRTHS.

ARCHER.—On the 28th ult., at King's Lynn, the wife of Edmond Archer, M.D., of a son.

CHEADLE.—On the 4th inst., at Hyde-park-place, the wife of W. B. Cheadle, M.D., of a son.

EDWARDS.—On the 29th ult., at Grosvenor-square, Manchester, the wife of J. Henry Edwards, M.R.C.S., of a son.

ELIN.—On the 1st inst., at Hertford, the wife of G. Elin, M.D., of a son.

HADDEN.—On the 3rd inst., at Scamblesby House, near Horncastle, Lincolnshire, the wife of John Hadden, M.D., of a daughter.

LEES.—On the 29th ult., at Walworth-road, the wife of J. Lees, M.D., of a son.

VERITY.—On the 7th inst., at Rosemoder's Cottage, Garndiffaith, near Pontypool, the wife of A. Robert Verity, M.R.C.S.E., of a son.

MARRIAGES.

CAMPBELL—OWEN.—On the 3rd inst., at St. Cadfan's Church, Towyn, Dugald Campbell, M.D., of Machynlleth, to Mary Elizabeth Atwood, second daughter of the late Rice J. Owen, Esq., of Blaenau, near Dolgelly, Merionethshire.

COLLINGWOOD—LEE.—On the 10th inst., at Henley-on-Thames, Dr. Cuthbert Collingwood, M.A., F.L.S., to Clara, widow of the late David Henry Lee, Esq., of Calcutta, and youngest daughter of the late Lieut.-Colonel Sir Robert Moubray, K.H., of Cockairnie, Fife.—No Cards.

GRIFFITHS—SHARP.—On the 3rd inst., at St. James's Church, Bristol, Lemuel Matthews Griffiths, M.R.C.S.E., of Dowry-parade, Bristol, to Anne Susannah, younger daughter of G. H. Sharp, Esq., of Somerset-street, Bristol.—No Cards.

MACDONALD—JOTHAM.—On the 1st inst., at St. George's Church, Kidderminster, John Macdonald, L.R.C.P., L.R.C.S.Ed., of Lincoln, to Louisa Harvey, third daughter of G. W. Jotham, M.R.C.S., L.S.A., Honorary Surgeon, Kidderminster Infirmary.

MYERS—ROBINSON.—On the 27th ult., at North Somercotes, Lincolnshire, Charles J. Myers, Esq., Surgeon, to Mary Lucy, eldest daughter of Wm. Robinson, Esq., both of North Somercotes.

SHAW—KELLOCK.—On the 1st inst., at Thornhill, Dumfriesshire, N.B., Robert Shaw, M.B., C.M., to Margaret, daughter of the late James Hunter Kellock, Esq.

STAINTHORPE—PATTINSON.—On the 10th ult., at Hexham Abbey Church, Thomas Stainthorpe, M.D., M.R.C.S.E., &c., to Elizabeth, only daughter of the late George Pattinson, Esq., all of Hexham.

TOWNSEND—ALEXANDER.—On the 3rd inst., at Holy Trinity Church, Southwark, Henry, third son of Charles Townsend, Esq., of Hatfield, Herts, to Mary Anne (Poppie), second daughter of C. Linton Alexander, F.R.C.S., of Great Dover-street.

WHITMARSH—BLUNDELL.—On the 9th inst., at St. George's, Hanover-square, William Michael Whitmarsh, M.D., of Hounslow, second son of W. B. Whitmarsh, Esq., Coroner for Wilts, to Harriett Jewell Blundell, daughter of the late John Blundell, jun., Esq., of Timsbury, Hants.—No Cards.

DEATHS.

GRENVILE.—On the 4th inst., R. Grenvile, M.R.C.S.E., of Clevedon, Somersetshire, aged 80.

HILL.—On the 7th inst., N. Hill, M.D., of Leven House, Renfrewshire.

HOUNSELL.—On the 25th ult., J. Hounsell, M.R.C.S.E., of Bridport, Dorsetshire, aged 76.

INMAN.—On the 2nd inst., Wm. B. Inman, M.R.C.S.E., of Northwich, Cheshire, aged 56.

KEY.—On the 7th inst., David Key, M.R.C.S.E., of The Oval, Brixton, aged 72.

NOLAN.—On the 28th ult., J. Nolan, M.D., of Athboy, Co. Meath, aged 63.

OGDEN.—On the 1st inst., at Ardwick Villa, Ardwick, Manchester, James Ogden, M.D., M.R.C.P., in his 76th year.

Medical Diary of the Week.

Monday, June 14.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Le Gros Clark, "On the Principles and Practice of Surgical Diagnosis, especially in relation to Shock and Visceral Lesions."

Tuesday, June 15.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Mr. J. W. Hulke, "On the Minute Anatomy of the Eye."
ANTHROPOLOGICAL SOCIETY OF LONDON.—8 P.M. Dr. J. Beddoe, "On the Stature and Bulk of Man in the British Islands."—Mr. J. Gould Avery, "On Civilisation, with special reference to the so-called Celtic Inhabitants of Ireland."

Wednesday, June 16.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.

Thursday, June 17.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, June 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, June 19.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

A "BANTING" CONVALESCENT INSTITUTION.

At a time when the public are beginning to be fairly impressed with the vast importance of encouraging the establishment of convalescent institutions for the reception of poor persons who, on their discharge from general hospitals, are still weak, and need rest, fresh air, and good nourishment before they resume their ordinary occupation, a scheme for the foundation of a "Middlesex County Convalescent Hospital" has again been put forward by Mr. Banting in the fourth edition of his letter on Corpulence, just issued. As Mr. Banting has the ear of the public, as he is known to be energetic and successful in the cause of charities, and as he commences with a goodly subscription-list of some £3000, it seems likely that he may be successful in his benevolent object. The projector of the scheme heads the subscription-list with £500, and proposes that the institution should secure a Charter of Incorporation, and be governed by a visitor, a president, certain vice-presidents, twelve lady patronesses, and a committee of twenty-four persons, of whom three should be medical, three legal, three scientific, three clerical, and twelve laymen; that the building should have one wing for 200 males, and another for 200 females, properly separated; that those persons only should be eligible for the benefits of the institution who have been discharged from the hospitals of Middlesex cured, and who belong to the artisan and labouring classes, having no means or friends to provide the comforts which the convalescents require; that the limit of residence should be eight weeks, the inmate paying 5s. a week during stay in the hospital. Mr. Banting thinks that forty or fifty acres of land and an income of £12,800 would be required, £5000 of which would arise from the 5s. payments of the inmates. The proposal is certainly one of magnitude, especially as its author does not intend to ask for any promised donation until £100,000 is guaranteed. Mr. Banting makes an earnest appeal to the public to aid him. We may say this much at present, that his appreciation of the benefits conferred upon the poor by convalescent institutions, and of the necessity for an increase in their number, is to be thoroughly commended; and if he does not succeed in carrying out his present scheme, we trust he may be enabled to do something in that direction.

M.D.—The dry-earth closets in use last autumn at Dover Castle were, we believe, constructed by the soldiers of the garrison. Our correspondent had better apply to Moule's Earth-Closet Company, Bedford-street, Strand, for information thereanent.

Dr. Begg.—We do not think the subject has sufficient interest to warrant the insertion of the communication kindly forwarded by our correspondent.

Mr. Edward Wall's communication shall receive attention.

THE POOR-LAW MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—I was pleased to see by your remarks in last Saturday's LANCET that the Holborn guardians had determined to take steps to prevent people receiving medical orders without proper inquiries having been first made. If this were done, I am sure that the very onerous duties of Poor-law medical officers would be considerably lessened. I do not wish to attach undue blame to the relieving officers, although there is no doubt they often give a vast number of orders in the most reckless manner, merely to save themselves trouble. The guardians are really the chief transgressors, because they do not employ a sufficient number of these officers to perform the duties properly. The result is that, in addition to his own work, the doctor has to visit a great many cases not requiring medical attendance at all—in plain words, the giving of a doctor's order is the most convenient way of getting rid for the time being of all classes of applicants.

The law directs that, before an order is given, the relieving officer should first visit the case. This is hardly ever done in London. I have no hesitation in saying that, in my own experience, it was not done in five per cent. of the cases visited by me. In many districts the medical officer is so situated that he must attend at all hours of the day or night (without orders) the most trivial and absurd cases—that is, if he wishes to retain his appointment, or even go about the neighbourhood in safety.

The relieving officer, however hard his work, has stated times for being at his office—say from 9 A.M. to 6 P.M.; but I can adduce proof to show that he will only give medical orders for half an hour or an hour of that time. After 6 P.M. he retires to his home, the poor, if possible, being studiously kept in ignorance of the whereabouts of his residence. If there is any trouble, every excuse is made for him; but the doctor meets with neither sympathy nor protection, but is at one and the same time the slave of the guardians, of the overseer, and of the poor.

I am persuaded, SIR, that the only way to lessen the disgraceful and unnecessary work that Poor-law medical officers have to perform is an efficient system of dispensaries, with a staff of relieving officers sufficient, and compelled, to discharge their duties as thoroughly and as conscientiously as the doctors do theirs.—Your obedient servant,

London, June 8th, 1869. AN EX-POOR-LAW MEDICAL OFFICER.

*** We gladly insert this letter; but would observe that our correspondent is wrong in supposing that the relieving officer is required by regulation to visit the case *before* giving the order. He should make such inquiries as will satisfy him that the applicant is a pauper, and so entitled to relief; and if not so satisfied, he should refuse the order until inquiries have been made. He is to visit every case for which he gives a medical order as soon on the same day as he conveniently can.—ED. L.

RESIDENCE IN ELEVATED REGIONS IN CASES OF PHTHISIS.

To the Editor of THE LANCET.

SIR,—I beg to make a few observations upon the subject that was discussed in the Medical and Chirurgical Society during the *séance* of the 11th May. Dr. Weber, who brought the subject before the Society, after adverting to the prevailing disinclination among medical practitioners to send consumptive patients to high elevations, argues that cold is not injurious to delicate persons predisposed to consumption; but that, on the contrary, it is often beneficial. This observation, however, can only justly apply to individuals not weakened, and who possess sufficient reactive power to counteract the generally prejudicial effect of a low temperature in these cases, more especially when there exists disease of the lungs. Such must, therefore, be regarded as exceptional instances to the majority. A cold air, not greatly agitated by winds, is, in fact, a preservative against consumption, as is shown by the comparative exemption of some northern countries, *where the air is dry*, as in many parts of Russia, of Sweden, in Norway, and in the Polar regions, where there is but little wind. This dryness of the air is likewise met with in all the elevated localities which present an immunity from consumption among the natives, and which not unfrequently promote the cure of the disease in strangers removed there from low-lying and moist lands, as was well shown by the late Dr. Archibald Smith; consumptive patients, who were sent from Lima to the highlands of Peru, having mostly recovered, when the disease was not in an advanced stage. The same may be said of the table-land of Mexico, and of some elevated places in Europe, as the Engadine. An elevated position is not, however, essential to produce this beneficial result in suitable cases. Soldiers who become affected with pulmonary disease in tropical climates, as the West Indies, and in some of the Mediterranean stations, often recover on being removed to Canada, respecting the climate of which a non-resident writer observed in a work published a few years ago:—"Its winter is long and severe. In the neighbourhood of Quebec the cold is not much exceeded by that within the Polar circle; but the *dryness of the air* is so great that it is strongly recommended to those of consumptive tendencies. I have seen wonderful effects produced in the early stage of pulmonary disorders by a removal from the damp and variable climate of Europe to the dry, bracing atmosphere of Lower Canada." *

It is, however, as I have already observed, in the exceptional cases that a low temperature is bearable, and likely to prove advantageous. Warmth is necessary for the majority of these subjects. An eminent foreign writer (Dr. Milne-Edwards) observes on this point:—"When an individual experiences a change of constitution which diminishes his production of heat or consumption of air, he cannot endure that degree of cold which previously would have been salutary to him without experiencing, sooner or later, an alteration in the rate of his respiratory movements. Hence the necessity, when these two functions have experienced this alteration, as in cases of organic affection of the heart and lungs, of placing the patient in communication with a milder temperature, either artificially or by change of climate." †

These remarks are corroborated by an eminent physician of very great experience in pulmonary cases, DR. C. J. B. WILLIAMS, who observed during the discussion at the Society, that daily experience proved that cold was injurious, and moderate warmth useful. "Phthisical patients shrink from cold instinctively; and although to enforce out-door exercise is one of the best hygienic rules, the difficulty of enforcing it is that the phthisical feel that the cold hurts them." Dr. Williams "believed that great benefit might result in the way of prevention (in suitable cases); but that in developed cases there would be much risk."

Another high authority on pulmonary affections, Dr. Walshe, remarks in his work on Diseases of the Lungs:—"A pure, warm, and moderately dry air is that suggested by theory, and proved by experience, to be the best adapted for the tuberculous lung and phthisical system. The climate of our own island is in the winter months, for a variety of reasons, much more from its fog, damp, gloom, and changeableness than its absolute cold, unfit for the consumptive invalid; and, as a matter of experience, change of climate unquestionably proves, in many cases, when resorted to in the early period of the disease, of fundamental service. Transference to a more genial atmosphere than that to which the invalid has been accustomed, in some rare instances, permanently arrests the disease, in others prolongs life, and in a third class relieves symptoms strikingly, and renders the close of existence comparatively comfortable."

In several warm countries, where the same condition of the atmosphere (dryness) obtains as in the northern countries and elevated regions adverted to, and where the inhabitants are likewise engaged for the most part in out-door pursuits, as Upper Egypt—especially the Desert—and Algeria, there is a marked exemption from pulmonary consumption among the natives. "It is a significant fact," says another non-medical writer with reference to the Arabs of Algeria, "that consumption is comparatively unknown among the Arabs. Exposed as they are by day to the heat of a burning sun; subject to all the vicissitudes of a wandering wild life, houseless, comfortless; not only supporting existence, but flourishing, on fare that would starve a Dartmouth crow, it does seem remarkable that, notwithstanding their privations, they should escape the scourge that devastates so large a portion of the human race; whereas their neighbours of the city, the Moors, the Jews, the Turks of Algiers, engaged in embroidery and sedentary pursuits, well housed, well fed, enjoying the advantage of a climate in which frost never frets the most delicate flower, wither under the influence of consumption, and die by dozens annually. Fresh air is, of course, the secret; it is, indeed, the breath of life. As with the Arab, so with the inhabitants of Russia, Sweden, Norway, who are said to enjoy from their out-door habits a like immunity; so that whatever the climate may be, it is clear that consumption is not originated by any extreme or inequality of atmospherical variation. England and Holland are affected neither by the cold of Russia nor by the heat of Algiers, and yet they are the greatest sufferers." ‡

Nomadic and wandering tribes are generally exempt from consumption, which prevails most in countries having a humid and at the same time a cold atmosphere, as the Netherlands, Great Britain and Ireland, the northern and eastern parts of France, &c., and where the inhabitants, especially in towns, are much engaged in sedentary occupations.

A French physician made many years ago a series of investigations in his own and in other countries, in order to ascertain the relative frequency of tubercular disease of the lungs among the populations of different localities, under different circumstances of situation, &c.; and he remarks with reference to France, that in the small towns, where the population is composed of agriculturists, artisans, and tradespeople, the proportion of deaths from consumption is as 1 to 40 or 50 of the general mortality where the towns are situated on the acclivity of mountains, on elevated table-lands, in dry valleys, having a free ventilation, and in fertile plains; but that, under these conditions, the disease does not occur with the same frequency in the different classes. "It is very rare among the agriculturists and artisans, who actively exercise their limbs; but it attacks almost exclusively sedentary persons, who remain in-doors, using only their hands or fingers when at work, as turners, spinners, sempstresses, &c. Individuals who are exposed to the action of humidity only while at work do not become consumptive when their physical powers are actively engaged, as tanners, wool-washers in manufactories, washerwomen, dyers, &c.; the expansive and sudorific influence of muscular exercise sufficing to preserve them from the disease. Notwithstanding, they are frequently subject to rheumatic pains, which indicate the incontestable action of humidity upon the skin. In villages where all the inhabitants are engaged in field-work, the average mortality from consumption is not more than as 1 to 80 of the general mortality. In Holland sedentary occupations concur with humidity in increasing the amount of pulmonary consumption. What more especially exposes women to this disease is their lymphatic constitution and sedentary mode of life; for the women who inhabit the healthy villages of France, Belgium, or Italy, and who, like the men, follow agricultural pursuits, are exempt. But in the damp climates of Holland and England the conditions are no longer the same; the humidity exerts a general influence, which muscular exercise cannot always counteract; it even happens that, by producing sweating, violent exercise renders the body more liable to be affected by the concentric and lowering influence of cold and humidity. The want of muscular exercise and humidity *act chiefly upon the skin*. These causes incessantly tend to throw back into the stream of the circulation the superfluous and excrementitial elements which should be eliminated by this means from the economy, and thus are induced alterations in the blood and cachexies, the source of which has remained unknown." *

Thus we see, on the one hand, that a dry atmosphere, whether in elevated lands or in plains, in hot or cold countries, together with out-door occupations, which expose the inhabitants to its influence, are preventives of consumption, and often cure it when existing; whereas, on the other hand, the opposite conditions of atmosphere and mode of life—humidity and sedentary occupations—are most favourable to its development and increase, and that these various agencies act principally upon the skin: one kind promoting an increase of the insensible perspiration, the other repressing it. †

In the same way may be accounted for the benefit derived from horse-exercise, of which Sydenham was so strong an advocate as to say:—"I have put very many upon this exercise for the cure of consumption, and I can truly say I have missed the cure of very few. The disease is in this way more certainly cured than most diseases of less moment, provided always that this travelling be long persisted in, according to the age of the patient and the length of the disease, and provided also he goes into new places; for the change of air and diet do as considerably add to the cure as the exercise itself." ‡

The continual renovation of the air and its action on the surface of the body, in long sea voyages, produces in many instances a like favourable result.

A good deal of attention has been of late directed to dampness of soil as a common cause of pulmonary consumption; the investigations of Mr. Middleton (of Salisbury), of Dr. Buchanan, and earlier (in 1862) of Dr. Bowditch (of Boston in the United States), having shown that the disease is prevalent in places where this state of soil exists, as compared with its infrequency in places where the soil is dry. There can, however, scarcely be dampness of soil without dampness of atmosphere, so that these observations only go to corroborate the views I have expressed respecting humidity. These observers have, however, only verified the fact, without offering an explanation of the *modus operandi* of this agency, which I have endeavoured to demonstrate is by repressing the cutaneous secretion, and by this means producing great deterioration of the blood.

A further citation from a well-known writer on Climate may, perhaps, be allowed with reference to this subject:—"As respects all questions relating to phthisis," says M. Foissac, "the hygrometric state of the air should be especially considered. The skin and the bronchial membrane are great emunctories for eliminating from the economy morbid principles, which, when retained, give rise to most diatheses, and aggravate them when existing. The insensible transpiration being five or six times more abundant in a dry air than in one saturated with humidity, at an equal temperature, certain northern regions have advantages (as respects exemption from phthisis) which many southern and even tropical countries do not possess. Then the out-of-door life and the active exercise taken by the natives, together with an abundance of azotised food, preserve them from the tuberculous diathesis." §

The attention of the profession has been in this respect too exclusively restricted to the action of the air upon the organs of respiration—as regards its rarefaction, diminished barometric pressure, larger amount of ozone in elevated localities, &c.—in producing the amelioration so frequently experienced by invalids labouring under pulmonary tubercular disease, and in procuring an exemption from it among the natives. Such an exemption and such beneficial action is, however, as I have shown, not peculiar to similar localities; neither is the infrequency of hæmoptysis, which is comparatively seldom found to occur among the numerous phthisical subjects who resort to the health stations in the south of France.

Dr. Wilks observed at this meeting of the Society: "At present all our systems are founded on giving more oxygen." This foundation I consider to be erroneous, believing that the beneficial action of a favourable climate is effected, for the most part, through the skin, and this is the view taken by some of our highest authorities.

"Air in motion," says Dr. Milne-Edwards, "acts only upon exposed surfaces, as the integuments of the body; those of the lungs are sheltered, and,

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* The Englishwoman in America.
† Influence of Physical Agents on Life.
‡ Algiers in 1857, by the Rev. E. W. Davies.

* Dr. Fourcault: Causes Générales des Maladies Chroniques, spécialement de la Phthisie Pulmonaire.
† "There can be no doubt whatever," says Professor Carpenter in his Human Physiology, "that imperfect action of the cutaneous glandulæ, consequent upon inactive habits of life and want of ablution, is a very frequent source of disorder of the general system, occasioning the accumulation of decomposing matter in the blood, which it is the special office of these glandulæ to eliminate."
‡ Works printed for the Sydenham Society, vol. ii., p. 331.
§ De l'Influence des Climats sur l'Homme (1867), vol. i.

notwithstanding their communication with the atmosphere, the agitation of the air has but a slight share in the quantity of vapour which they furnish."

The distinguished authors of a standard class-book likewise observed many years ago:—"It is an undoubted fact that, within the limits of rational hardihood, exposure to the open air and to the vicissitudes of the atmosphere is the best safeguard against the attacks of phthisis in those who are predisposed. *It is to the effects produced upon the skin* that great part of the benefit derived from residence in a mild climate is probably attributable. Atmospheric exposure is another very important point during the winter months; in our variable climate it is inadmissible." *

The immunity from phthisis enjoyed by the inhabitants of the western islands of Scotland, adverted to by Dr. Drysdale, is referable to the sea atmosphere which surrounds them, the relative infrequency of mists to which both the high and low lands are subject, and to the out-of-door life led by this population.

There is, moreover, another point of great importance to be taken into consideration in selecting a suitable winter residence for pulmonary invalids, which has been too often overlooked by climatologists, who take account merely of the meteorological conditions of different places—viz., the resources for mental and bodily occupation possessed by respective stations, which may have the effect of engaging the attention of those patients, and of diverting their minds from the contemplation of their condition, to which many are so prone, and also the kind of accommodation to be met with. This point was very aptly adverted to by Dr. Williams in specifying the discomforts attending a residence in some out-of-the-way and unfrequented places. Now, in most of the frequented winter resorts there is little to be desired in the way of accommodation by those who are not too fastidious; and there are great resources against *ennui* in the beauty of the surrounding country, which, under the cheering influence of sunshine, invites visitors to be much out of doors, in cheerful society, in libraries, &c. "What is chiefly to be sought for in selecting a winter station," say the authors of a valuable recent work, "are a mild and equable temperature, as exempt as possible from those sudden changes of temperature so common and so dangerous in northern regions, from fogs, humidity, and rain, from dust, and especially from cold winds, together with facilities for taking daily walking exercise. In these respects France is truly privileged. In its southern portion, particularly on the Mediterranean shore, there are several stations, where invalids may find for the winter season a refuge no less agreeable than beneficial." †

I remain, Sir, yours truly,

London, May 27th, 1869. EDWIN LEE.

BUCKS GENERAL INFIRMARY.

A GENERAL meeting of the Governors of this institution was held last week for the purpose of considering certain alterations in the rules, having reference chiefly to the qualifications of Governors, &c., and the payment of subscriptions, but embodying also a change as to the length of time during which patients may remain in the infirmary. Originally the permissible limit of sojourn fixed was three months; but the Governors have now decided that, unless in special cases, and on the recommendation of the medical staff, the period of residence in future is not to exceed eight weeks. This alteration was fully approved by Mr. Cooly, who remarked that chronic cases were frequently brought in which had been under treatment elsewhere, and that it was desirable to shorten the time during which such and all other chronic cases could remain in residence. It is expected that a considerable saving will accrue in the cost of drugs by this change. Something was also said in a general way about the duty of Governors in respect of the cases recommended by them, complaints having been made of persons being admitted to the benefits of the infirmary who had no right to receive them. No attempt was made, however, to grapple specifically with this the most flagrant abuse of the charitable institutions of our time. A motion for an increase of the medical staff was set aside because due notice to that effect had not been given. This matter, therefore, stands over till a future opportunity.

Mr. E. L. Money.—The evil was attributed to the pressure of the elastic sides of the boot; and the remedy suggested, and adopted with success in a case mentioned, was the obvious one of loosening the constriction.

Dr. Elliston is thanked for his letter. The subject shall be noticed next week.

A CASE OF DISTRESS.

WE have been requested to appeal to the profession for assistance on behalf of Mr. E. C. Smallman, L.S.A., who was for some time an in-patient of University College Hospital, and who is still under treatment there. He has undergone more than one operation, and has been for a long time quite disabled from work. We understand that there is now a fair prospect of his restoration to health, and that some temporary assistance for his maintenance, and for that of his wife and children, might enable him to return to the exercise of his profession. We shall be happy to receive contributions.

MINISTERIAL HOSPITALITY.

THE official celebration of the Queen's birthday took place on the 2nd inst. with the customary signs of rejoicing. The members of her Majesty's Cabinet issued invitations to their friends and supporters; but, with the exception of three well-known medical baronets, there does not appear to have been any physician or surgeon invited to join in these festivities. One would imagine that medical men, by their education, habits of thought, and general knowledge, would be likely to add something to such entertainments. Many of them must be well known to the majority of the Ministers, who have, in their own persons, occasionally profited by their skill, and as legislators been assisted by their advice. In France the medical profession occupies a higher position in these respects. Not only is titular rank more frequently bestowed on eminent physicians and surgeons in that country than in this, but they obtain more social consideration and courtesy.

* Bright and Addison's Practice of Physic.

† La Phthisie Pulmonaire, par MM. Hérard et Cornil, 1867.

"THE PHYSICAL BASIS OF LIFE."

THIS paper by Professor Huxley has, as our readers are probably aware, attracted extraordinary attention. The publication of it must have been a source of considerable profit to the proprietors of the *Fortnightly Review*, in which it appeared. As most persons possessing any taste for such subjects—and no one knows better than Professor Huxley how to render them attractive by a vigorously clear style—have probably already read his paper, our object in now alluding to it is simply to direct attention to a particularly thoughtful, well-written criticism thereon, which has appeared in the *Contemporary Review* for the current month. The writer in the *Contemporary*, of course, deals with the subject from his own stand-point as a moralist and theologian; but his criticism is presented, it appears to us, in a philosophical and very candid spirit. He concedes that Professor Huxley has demonstrated the essential unity of all living matter, and shown that there is one substance which is the invariable basis of material life—a position which some physiologists would yet dispute; but it is not as an anatomist and physiologist that our essayist approaches the consideration of the subject. The article in the *Contemporary* is well worthy of perusal, as we think our readers will admit if they will read it for themselves.

A Professional Brother.—It is impossible to suggest a remedy from a written description of the case. Has he tried iodide of potassium or hydrochlorate of ammonia with some preparation of steel? Why does not our correspondent consult some one in whom he has confidence?

M.D., (Hastings.)—We purpose to take up the whole question in an early number.

MORBUS SATURNINUS (LEAD-POISONING).

To the Editor of THE LANCET.

SIR,—In Dr. Frank-Smith's communication on this subject (THE LANCET, May 29th), I think he has omitted a very important cause of the disease. No doubt the lead penetrates in a small degree through the skin; but I believe that much more lead enters the system through the mouth, for it is a very general habit among file-cutters to moisten their thumb or finger with the tongue each time the file is turned, which is frequently. In some workshops wet sponges have been placed within easy reach of each worker, and among the people employed in these shops there has been less lead-poisoning than formerly.

As to the treatment, I know that the late Dr. Allanson, of Sheffield, preferred sulphuric acid with sulphate of magnesia to any other.

I am, Sir, your obedient servant,

June 3rd, 1869. HENRY CRIER.

Dr. R. Lewins.—With every disposition to gratify our correspondent, we cannot see what would be the utility of inserting his communication. His object is, he says, "to realise, by a method satisfactory both to physicists and physicians, the idea—which in modern times has always more or less prevailed, and which has been frequently broached, on insufficient grounds—by some of the greatest chemists and physiologists,—that there is no need to assume the existence of any special vital principle apart from the universal factor in the operations of the inorganic creation; but that the correlative physical force of which we take cognisance in external nature is also the factor in animal motion and sensation." Now this, it must be allowed, is a very broad conclusion, and in curious contrast with the insignificantly inadequate attempt to prove it. This consists, we are told, in examining the behaviour of the vagus nerve when subjected to oxygenated and deoxygenated agency—the agents being merely water and ammonia; for the exhibition of the former induces excited action; and that of the latter, on the contrary, induces anæsthesia; and, therefore, oxygen gas is nerve force (vital principle)!

Mr. Martyn J. Roberts.—The communication arrived too late for notice this week.

PANCREATIC EMULSION.

To the Editor of THE LANCET.

SIR,—Permit me to inquire if it is in the experience of any of your readers that Savory and Moore's pancreatic emulsion (through the ether employed in the preparation of it) causes depression in the person taking it?—just as I have known ether itself to have that effect when administered in combination with other medicines. Has anyone found that Messrs. Spiking's malt and wheaten biscuits (when eaten, like other biscuits, after cod-liver oil or pancreatic emulsion) have a tendency to constipate?

Yours faithfully,

June, 1869. A SUFFERER.

CREASOTE v. COAL.

AN attempt recently made to substitute creasote for coal as fuel has been so far unsuccessful as to bring the manufacturer who made the experiment into a Police Court for creating a nuisance injurious to the health of the neighbourhood. In other respects the experiment was interesting, inasmuch as it showed that the oil evaporated nearly twice as much water as was evaporated by an equal weight of coal. The effluvium given off by the combustion unfortunately renders this otherwise useful adjunct to our stock of fuel unavailable.

Mr. Owen will probably find the information he requires in a pamphlet recently published by Mr. Denman.

Associate of King's College.—The salaries of the London medical officers of health are given in Dr. A. P. Stewart's pamphlet on "Sanitary Reform" (Hardwicke, Piccadilly, 1867). The lowest sum paid in any of the districts is £50 a year, and it appears that there are eight medical officers of health within the metropolitan area receiving that small stipend—viz., those of Charlton, Plumstead, Eltham, Wandsworth, Clapham, Battersea, Streatham, and Putney.

THE PADDINGTON DEADHOUSE.

ANOTHER instance has occurred to call attention to the scandalous want of attendance and of accommodation in the metropolitan deadhouses. On Tuesday last, at the Hall Arms, Paddington, Dr. Lankester was unable to proceed with an inquest in consequence of the medical gentleman concerned in the case having refused to make a post-mortem examination of the body. Dr. Stevenson, the gentleman in question, having been informed that he was liable to a penalty, was called on for an explanation. He said he went to the Paddington deadhouse for the purpose of making the examination, but he found no accommodation whatever for carrying it out. Another corpse was on the slab, and the body witness was to examine was in a coffin. He asked the man in charge of the deadhouse to remove the corpse from the slab, and put the other in the coffin in its place; but the man refused, saying it was no part of his duty. Witness conceived it was not his business to shift the corpses about, and he should emphatically decline doing it. Dr. Lankester said the parish authorities ought to provide sufficient assistance to properly arrange the deadhouse. Dr. Stevenson said it was an outrage to remove the body from the house of deceased, as the friends wished the post-mortem to take place there. Dr. Lankester did not sympathise with this opinion. He had been agitating for mortuaries for years, because he considered it perfectly disgusting for post-mortems to be made in private houses. A juror observed that the smallness and bad arrangements of the Paddington deadhouse had been the subject of remark at almost every inquest that had been held. The Coroner said that in directing the removal of bodies to that place he was but administering the law. The inquiry was adjourned, and the Coroner directed that the facilities required by the medical gentleman should be provided, if necessary, at the expense of the Court. We trust the publicity given to the defect may at last lead to its being remedied both at Paddington and in other parishes.

W. T., (Cardiff.)—Whether a medical man be summoned in his professional character or not, he is entitled to his fee as such. He is exempt from some of the duties of an ordinary citizen, is not liable to serve on juries, &c.; and, standing on this exemption, he cannot be summoned except as a professional man.

Messrs. Ridgway and Sons.—Truelove, Holborn.

POISONING BY PHOSPHORUS.

To the Editor of THE LANCET.

SIR,—On May 15th, at 6 P.M., I was called to a woman, aged thirty-two, said to have taken one ounce of "James's Phosphor Paste" the previous day. She complained of severe burning pain down the throat and in the stomach. There was frequent and violent vomiting; tongue red and swollen, but not furred; pulse 90, and feeble; skin cool; perfect consciousness. The remedies used were frequent doses of olive oil, ice to suck, milk and white of eggs to drink, and a mixture of carbonate of soda, morphia, and hydrocyanic acid every four hours.

May 16th.—At 11 A.M. the patient was quite sensible, able to sit up in bed without assistance, and did not seem to feel the fact that her life was in danger. There was no pulse at the wrists; extremities rather cold; vomiting persistent; and she said at times her sight left her. At 3 P.M. she died.

18th.—Post mortem. Œsophagus, stomach, and all the intestines of a mahogany colour; their mucous membrane crimson in patches; œsophagus much the deepest red, both inside and outside. Lungs congested. Heart not contracted, and both ventricles full of blood. None of the other organs presented any noteworthy appearance.

Yours, &c.,
Commercial-road, May 19th, 1869. J. W. KAY.

BRIGHTON SANITARY ASSOCIATION.

THE annual meeting of the Brighton Sanitary Association was held last week at the Pavilion; and after an inspection, by the members, of the "museum of domestic and sanitary economy," which has been attached to the town museum by the Association, the Annual Report was read and adopted. The Committee "note with pleasure the amount of sanitary progress made in Brighton through the action of the local authorities during the last few years, and are in hopes that the improvement thus begun in earnest will never be allowed to stand still while anything remains to be done." With Uncle Toby, we lay our hand upon our heart and say, Amen.

IDIOPATHIC EPILEPSY.

To the Editor of THE LANCET.

SIR,—The premonitory lead odour which characterises this case would seem to indicate the use of the hot-air or Turkish bath, and the administration of direct or indirect oxidising agents, such as oxygen gas by the lungs, and chlorinated or permanganate solution by the mouth.

Yours obediently,
June 5th, 1869. ANTI-ROUTINE.

SEWING-MACHINE MOTOR FORCE.

A CORRESPONDENT, in reply to our late note on the above, suggests that the force of compressed air, such as is supplied in working the coal-cutting machine, the borers in the Mont Cenis tunnel, &c. &c., might similarly in large establishments be applied to sewing-machines. He points out, too, how the escape air might, as in mines, be useful in keeping up the salubrity of the air in the machine-room, and tend to ventilation, coolness, &c. It would be, he remarks, but a simple problem in mechanics to render each machine entirely independent, free from the dangers of connecting and transferring bands to put each into or out of gear.

Brown Bess.—The pamphlet is published by the Rescue Society, at their rooms in Queen-street, Cheapside.

Equity is clearly entitled to the sum in question.

A NEW DISPENSARY AT BOURNEMOUTH.

A NEW dispensary building was opened with some ceremony on Tuesday week at Bournemouth. Some ten years since the late Mr. Packe, M.P. struck with the fact that there was no suitable provision of a non-pauper kind for the sick poor in or near Bournemouth, proposed the establishment of a dispensary, which was accordingly done. Of late years, however, the need of a suitable and commodious building for the reception of patients suffering from accidents and severe diseases of a non-infectious character has been felt, and the means taken by the friends of the dispensary to meet the want have been successful; for a new building, capable of receiving three male and two female patients, with an ample out-patient department and necessary offices, has been erected at a cost of about £1000, and was opened, free of debt, on the day before named. The institution partakes, in fact, of the nature of a cottage hospital. We are glad to notice that, from the remarks of various speakers at the ceremony of the opening of the building, the services of the medical officers are warmly appreciated.

SPEAR *versus* DODGE.

THE following subscriptions have been received since last insertion:—

G. W. Treserry, Esq., Penryn	...	...	£0 10 6
Rev. Maitland Kelly, Abingdon	...	...	2 2 0
Dr. Ford, Chumleigh	...	...	0 5 0
Mr. Solomon Perry, Tavistock	...	...	0 10 6
Mr. Wm. Perry, Tharuselton	...	...	0 10 6
Mr. John Perry, Lew Down	...	...	0 10 6
Mr. Palmer, Tavistock	...	...	0 10 6
Mr. W. Medland, Lifton	...	...	0 5 0
Mr. Jas. Blomfield, Kelly	...	...	0 5 0
S. Clogg, Esq., Liskeard	...	...	0 10 6
J. Kempthorne, Esq., Callington	...	...	1 1 0
Messrs. Gale & Co., Wholesale Druggists, London			2 2 0
A Cheltenham Friend	...	...	1 1 0
Messrs. Risdon & Mitchell	...	...	1 1 0
Mr. R. Prout, Milton Abbot	...	...	0 10 0

THE LATE MEETING AT THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

WE were in error in stating that Mr. Charles Hawkins had attended the last meeting of the Royal Medical and Chirurgical Society relative to the amalgamation of the Medical Societies. Mr. Charles Hawkins has not attended any meeting since the first.

ANTIDOTE TO FLEAS.

To the Editor of THE LANCET.

SIR,—Can any of your readers inform me of an easily applied antidote to prevent the bite of fleas, and much oblige,

Yours obediently,
June 1st, 1869. A PARISH DOCTOR.

COMMUNICATIONS, LETTERS, &c., have been received from—Professor Syme; Mr. S. Solly; Mr. Henry Lee; Mr. Pollock; Dr. Allbutt; Mr. Ransome; Dr. Lawrie; Mr. Hogg; Dr. Tessier; Messrs. Ridgway & Sons; Dr. Simon; Mr. Evers; Mr. Pearse, Botesdale; Dr. Taylor; Mr. Baker; Mr. Jackson; Dr. Fletcher, Manchester; Mr. Jones; Mr. Arden; Mr. Harley, Wick; Mr. Medcalf; Mr. Tomes; Mr. R. Cressley; Mr. Williams; Mr. Lawton; Dr. Macrae; Mr. Curry; Dr. Boggs, Paris; Dr. Campbell; Mr. Chapman; Mr. Coleman, Milltown Malbay; Mr. Temple; Mr. Stretton; Dr. Gason, Rome; Mr. Gould, R.N., Lenham; Dr. Stainthorpe, Hexham; Dr. Smith; Mr. Hodson; Mr. Barber, Iver; Dr. Le Guillon; Dr. Drury, Sunderland; Mr. Corner, Poplar; Mr. Bell; Mr. Grant; Mr. Clarke; Mr. Hughes, Carnarvon; Mr. Thomas, Brigg; Mr. Wilkes, Barnet; Dr. Hall, Brighton; Mr. Vacher; Dr. Dean; Mr. Gifford, Launceston; Dr. Haddea, Horncastle; Dr. O'Reilly, Bishops Stortford; Mr. Davis, Sunderland; Mr. Kennedy; Mr. Hall, Abertylery; Mr. Kinsey, Bedford; Mr. Miall; Dr. Thurston, Ashford; Mr. Mills; Dr. Lowther, Lancaster; Mr. Parsons, Liverpool; Rev. R. B. Somerset, Cambridge; Mr. Worth; Mr. Hicks; Mr. H. Sewell; Mr. Hardy, Sligo; Dr. Killett; Dr. Lewins; Dr. Silver; Dr. Moore, Lancaster; Dr. Elliston, Ipswich; Mr. M'Donald; Dr. Madge; Mr. Wathen; Mr. Summers; Mr. Rawlins, Haverfordwest; Mr. Knowles; Dr. Roberts, Liverpool; Mr. Hindo; Dr. Anderson, Kidderminster; Mr. J. Tompsett, Harlow; Mr. Davies; Mr. Money, Southsea; Mr. Verity, Garndiffaith; Mr. Sweeting; Dr. Spender, Bath; Dr. Marshall, Preston; Mr. Howard; Dr. Hutchinson, Fort William; Mr. Myers, North Somercotes; Mr. Case; Mr. Black; Mr. Long; Mr. Bailey, Chippenham; Dr. Taylor; Mr. Logan; Dr. Kirk; Mr. A. W. Moore; Mr. Owen; Mr. Phillips; Mr. Richard, Wallasey; Mr. Johnson, Oswestry; Mr. Pease; Mr. Charles, Ballyporeen; Mr. Jebb; Mr. Fraser, Noushera; Mr. Ludlow, Bristol; Dr. L. Richardson; Dr. Bacon, Lewisham; Mr. Edwards; Mr. Binns; Mr. Cumming, Devonport; Mr. Daul, Rye; Mr. R. Brooks; Mr. Ancell; Mr. Buller; H. L.; X.; Associate of King's College; F. H. L.; Medicus; A Sufferer; Ricardus; One who was a Surgeon's Dispenser; Decimus Shadow; A Subscriber; Equity; W.; A Constant Subscriber to THE LANCET; Brown Bess; L.M.; An ex-Poor-law Medical Officer; E. L.; A German M.D.; &c. &c.

Scarborough Gazette, Brighton Observer, Annali Universali di Medicina, Transactions of the American Ophthalmological Society, Brighton Herald, Parochial Critic, Indian Medical Gazette, Revue des Cours Scientifiques, Brighton Guardian, Lincolnshire Chronicle, Lloyd's Weekly Newspaper, New York Medical Gazette, Brighton Times, Queen's Messenger, Sanitarian, Practitioner, Brighton Daily News, Giornale Italiano, Merthyr Telegraph, Transactions of the Odontological Society, and *Brighton Gazette* have been received.